

destroyed by removing one pillar, and the foot is thus extended, and not by the action of the calf muscles, as at one time supposed. At a clinic a Canadian student was asked if he had seen Chopart's operation, the surgeon expecting and hoping to receive a negative answer, when he was startled by hearing a reply in the affirmative. Naturally the next question was "did they find it necessary to divide the tendo achillis?" and this bringing a like reply, caused much amusement, the surgeon declaring the Canadian was just making it up as he went along! All scepticism in the value of antiseptics is forever dispelled by a visit to Sir Joseph's wards at King's College Hospital. There that celebrated surgeon does all his own dressings, expounding his great principles in several tongues to suit his students and visitors. There one sees all the large joints fearlessly laid open, with seldom a failure. His latest method of dressing, with which he is yet experimenting, is the following: White bichloride gauze washed and wrung out of carbolic solution is first applied. The gauze is surgically clean, and washing frees it from the irritating bichloride; the carbolic soon evaporates. Over this is applied an orange-colored gauze impregnated with iodide of mercury. The iodide is not so easily washed out and its antiseptic properties are more lasting, since the bichloride is neutralized by forming a compound with the discharges, the albuminate of mercury. Its discoloration by discharges denotes whether it is active or not. A bandage similarly prepared but colored blue, to distinguish it from ordinary rollers, is applied, and over all a mackintosh. He has discarded the spray in favor of the irrigator and "guard," and advocates frequent dressing, as the old rule of waiting for the temperature to go up is waiting till the wound is septic. If he follows any definite rule in this respect, it is to change in 24 hours, again on the third day, again on the sixth, etc., until healed. By this plan, too, a displaced drainage tube may be adjusted before too late. Yet in London the most diverse opinions exist as to the value of antiseptics. Bantock, at the Samaritan Hospital, has regard only for absolute cleanliness and uses pure water. In October last he performed his ninetieth consecutive successful operation of laparotomy. Cheyne attributes his success to

the great absorbing properties of the peritoneum removing all fluid, and thus one of the necessary factors of putrefaction. Again the toxic effect is in direct proportion to the dose. Others, like Mr. Hulke, occupy a middle place, using antiseptics, but without the Listerian precautions. For instance, patients with dirty hands may be seen teasing out antiseptic dressings which are applied next the wound. Suppurating wounds are not uncommon in the wards.

Even from these few illustrations comparing their dogmatic methods with ours, we must conclude that Canadian surgeons do not run to extremes, but follow a more even course, tempered by liberal views characteristic of Canadians, and not influenced by personal jealousies so noticeable in the mother country.

We, too, in Canada, with the same modesty, are too much inclined to think John Bull, because he never admits a mistake, never did blunder. A short residence will dispel such delusions and confirm the great truth, "to err is human." I can recall a case of morbus coxæ in third stage treated for some time as disease of knee joint, by a senior surgeon at one of the hospitals; lupus hypertrophica not diagnosed by a prominent surgeon; enlargement of pregnancy mistaken for ovarian cyst and operated upon; John Wood forgot, till the dressing was applied, to bring the rings together in the operation for radical cure of hernia, and so I could multiply cases indefinitely.

7 WILTON AVENUE.

A CASE OF COMPLETE LACERATION OF THE URETHRA.

BY J. R. LOGAN, M.D.

ON the evening of Dec. 29, 1888, I was called to see J.S., (aged 42, married; occupation, policeman), who had been injured at 5 o'clock on the morning of that day. He had been holding the nozzle of a hose-pipe at a fire in the city, and was standing on a beam which ran out over a cellar. The water being turned off, the recoil of the hose pulled him backwards, his legs slipping one on each side of the beam, he fell, striking on his perineum. Not feeling much effect from the fall, in about half an hour he walked home, a distance of half a mile. On attempting to