

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical
Science, Criticism and News.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Address, DR. J. L. DAVISON, 12 Charles St., Toronto.

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AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

TORONTO, JUNE, 1894.

The LANCET has the Largest Circulation of any
Medical Journal in Canada.

THE SURGICAL TREATMENT OF PULMONARY CAVITIES.

The tendency of the surgery of to-day is to invade the domain of medicine at points, which a decade since were thought to be forever exempt from the knife. Perhaps the most fashionable disease of to-day, from both a medical and surgical standpoint, is appendicitis. Every medical journal we read has accounts of operations, cases, notes and conclusions in regard to this recently fell disease. It must give way, however, to something new, for appendicitis, even surgically considered, is not new in this rapidly advancing age. What will be the next grand achievement of antiseptic surgery? Pulmonary consumption is to-day, by far and away, the most dreaded disease we have to cope with. Notwithstanding all that has been done in the way of improved treatment in the past dozen years, or since the true nature of the disease has been fully recognized, it stands the *bête noir* of our profession. And he must be a courageous and sanguine man, who will stand up to, and fight with all the weapons at his disposal, this monster, tuberculosis.

Not to mention medicines without number, we have antiseptic agents as such; food, clothing, dog's serum, exercise, inhalations, counter irritation, goat's blood, hygienic measures, hydrotherapy, injections, mineral waters, health resorts, ozonized oxygen, the pneumatic cabinet, and many other agents at our disposal in the management and treatment of our patient. Yet with all these

recent advances, the disease goes on with its deadly certainty, and perhaps no more persons are cured to-day than were cured twenty-five years ago, though we think it will be admitted that a greater margin of life is given to persons in good circumstances than could have been done at that time.

The surgeon has made the attempt to step in where the physician has so lamentably failed, and now proposes to relieve the latter of some of his duties by treating phthisical cavities.

This idea has been before the profession for some time, but it is only lately that it has begun to assume a tangible form, and to be reckoned among the means which have to be considered for the cure of phthisis pulmonalis. Cases of resection of portions of the lung with successful results, of aspiration and drainage, have been from time to time reported, but the operation has not taken hold of the professional mind generally. When a cavity has formed, the ordinary medical man loses hope, and unless he be both sanguine and courageous, is very apt to abate his zeal in the pushing of curative (*sic*) measures, and gradually drops into those which are alleviative in their nature. Had he the cavity alone to deal with, many a man with admirable courage would be willing to attempt its cure, and would spare no time or pains to attack the foe in its lair. But it is so rare to get a single cavity without adjacent lesions, without extensive surrounding pulmonary disorganization, that the attending physician has it borne forcibly in upon his mind that whatever benefit might accrue to the patient from surgical operation in the way of alleviating certain symptoms, such as profuse or foetid expectoration, it could only be temporary, and he would be sanguine, more, we think, than wise, who would look for lasting benefit to his patient by any surgical procedure which has yet been devised. So many serious complications are likely to follow incision of the pulmonary tissue, and so many sudden fatal results have followed surgical interference with phthisical cavities, even when undertaken by the most experienced and skilful men, that he will be wise who relegates the work to another, who, with less admirable courage than that of inaction, is willing or anxious to undertake the operation.

Dr. Clifford Allbutt has recently said, "that