

jury. The pressure of the gods was lighter upon the Greeks than upon the Egyptians, who were their teachers. It must be recollected that the Father of Medicine lived at the time when Greece was at her highest pitch of greatness. He was the contemporary of Pericles and Socrates,—the two most extraordinary men of antiquity. Socrates admitted the division between the natural and the supernatural, and assigned to each a distinct and independent province. Hippocrates treated all phenomena as at once both divine and scientifically determinable. Hippocrates can hardly be said to have amputated at all, as we understand the operation. We find the modification and growth of the procedure to have begun less than 300 years since. The ligature of Paré marks an era of movement, but the changes were slow of adoption. At length, the simple plan of the present was confirmed by experience, and as far as the ligature in relation to its action on the blood vessels is concerned, nothing is left to be desired. Then the form of flap became the subject of endless variation. It scarcely seems possible to devise any line of cut that has not been proposed. Long antedating the form of the wound, the surgeon had to meet the dangers of hemorrhage. One is amazed that they came so near the modern plans and yet missed them. A water dressing was the method of the Father, but down through the ages every imaginable device in the shape of ointments was used by surgeons. The recipes are amusing reading, but not profitable at the present moment. The movement of the open wound of necessity, to the closed one antiseptically treated with soluble ligatures and sutures, has been long and slow. In amputation, the custom of the ancients was to pick away the dead part and divide the bone high up. One stands aghast at the shapes their stumps must have assumed. The attempts at primary union have seldom been other than partial till the advent of the modern antiseptic methods.

The advent of the gunshot wound appeared at a time when the practice of surgery was at a low ebb. Its terrible results were ascribed to poison; both the lead and gunpowder were poisonous. How could such fatality occur if not from poison? But time reforms medical as well as other opinions. Now we have antiseptics of the track and careful covering of the wound to prevent microbial invasion. How far this may be carried is yet unknown.

I only allude to the marvels that are detailed by Drs. Parkes and Senn. In experiments by the former on dogs, one fact is to be specially noted: the frequency of the existence of entozoa and their migration through the wound. One of the greatest triumphs of surgery is the marvelous utility of the arm after resection of the elbow-joint. There is a possibility of a similar result in the ankle. Should we not then regulate our treatment with this end in view?

The microbial discoveries of Pasteur, Koch, and their disciples have placed all our therapeutics on a new basis. The subject is too trite to detain you in discussing it. No one knows, when a new discovery is made, how far it will reach. No one can measure the possible triumphs of surgery. The surgical atmosphere is now antiseptic. Lister must take his place beside Jenner. We do not mean carbolic acid and the spray when we speak of Listerism. There is already a wide range of material to choose from. At present the records of the triumphs of antiseptic surgery flow from every hospital.

Who has not dreaded the care of a compound fracture of the thigh? Dr. Hahn, of Berlin, boldly incises the soft parts and exposes the surface of the tibia under a stream of mercuric solution. In all these cases, merely the quiet necessary to physiological repair, with its antiseptic covering, comprises the after-treatment.

The great achievement of the day, however, is, by common consent, the marvellous growth of laparotomy. Through what a valley of death have the wonderful results been obtained! How long a time it took to learn that, after all, it was not peritonitis we had chiefly to fear! It is but fourteen years since Keith electrified the whole surgical world with the report of ten consecutive cases and but one death; but the loss of the tenth case struck the key-note. The peritoneum must henceforth be clean. From this time the death-rate has diminished in the hands of every operator, and the established basis of antiseptics is cleanliness. According to Mr. Tait, even the exudates from peritonitis must be removed, and for this purpose he washes out the cavity with water from the city tap, which contains "thirty-six different kinds of beasts." "You reject antiseptic medication," said I to Mr. Tait, who replied: "Yes, it is all rubbish; there is but one antiseptic—soap and