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Criticism and News.**

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

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THE TREATMENT OF WOUNDS.

When we consider how slight a wound may cause death, the importance of the subject which heads this article becomes at once apparent. If to this be added the great frequency of wounds, we have another cogent reason for regarding the subject as one of the first importance to every surgeon. Even in this Dominion it may safely be asserted that not a minute passes but some surgeon is at work on a wound, either accidental or surgical. It cannot therefore be wondered at that much has been said and written on the treatment of wounds, or that the subject has engaged the earnest attention of the best minds in the profession all along the line of surgical progress. Since the advent of the use of antiseptics, union by first intention has to such an extent become the rule, that any surgeon valuing his reputation is expected to offer some apology in case of failure. This certainly is a wonderful advance, and implies more, in the saving of time, pain and life, than we can have any conception of. Yet there is too much reason for the belief that, outside the great centres of population, the methods by which these humane ends are reached are comparatively neglected, and that still the old method of ligature, adhesive straps, and water dressing is in vogue. True, carbolic acid is used, and more attention is paid to cleanliness; still, in the main, modern improvements do not prevail to the extent that many imagine. The chief cause of this is not far to

seek. The antiseptic treatment of wounds, as practised by Lister and his followers, is too elaborate and complicated to commend itself to those who are but seldom called upon to treat any but trivial wounds, which, as a rule, do very well under a more simple treatment. This fact without doubt has been a source of discouragement, and has engendered a spirit of apathy, not to say antipathy, towards antiseptic treatment, as well as other improvements. Now, however, that Listerism in its entirety has been shown to be very little, if any, superior to a modification of it, so simple and inexpensive as to be within the reach and capacity of all, there can be no longer any excuse for holding to practices long since condemned by those best qualified to speak.

Comparatively few surgeons operate under the carbolic spray. Most of them deem it sufficient to observe the most scrupulous cleanliness, combined with careful disinfection of hands, instruments, etc., with carbolic acid or corrosive sublimate in solution. All wounds should be thoroughly sponged with a disinfectant before being closed. Mr. Bryant, the celebrated operator at Guys' Hospital, recommends sponging the raw surfaces with hot water, impregnated with sufficient tincture of iodine to give it the color of sherry. This is the antiseptic used by Mr. Garrard of Sheffield, and other well-known surgeons. This method is considered by many superior to the spray, since the heat has the power of sealing up the minute vessels by coagulation. This solution is also a valuable styptic in all operations where there is oozing from a great number of small vessels. The introduction of the cat-gut ligature, which is cut short and eventually absorbed, is a great advance in surgery, and should be employed wherever it can be relied upon. This is Lister's method of securing arteries. Bryant, on the other hand, uses torsion only, even in the case of large arteries. In writing to the *Lancet*, as far back as 1874, after six years' experience of twisting, he tells that in a case of amputation of the forearm where all bleeding was arrested by torsion, except the interosseous artery, which he ligatured with gut, secondary hemorrhage occurred on the sixth day; the flaps were opened, when the bleeding was seen to come from the vessel that had been tied. He adds: "This is the only case of secondary hemorrhage from a stump which has occurred to me since I began