

dressing, uniform gentle pressure and absolute rest." He adduces a number of cases in proof of this statement, a few only of which I can give and that in a brief way. A labourer, aged 21, with a punctured and contused wound on the inner side of right patella. The wound was round and jagged, capable of admitting the tip of the index finger. It was an inch in depth. The whole knee felt hot and looked puffy. It was caused by an iron bar striking the part with great force. He had walked a distance of half a mile and then rode in a cab. A pledget of lint soaked in styptic colloid was placed over the wound, over it a dry gauze and tenax pad, and the limb, enveloped in cotton wool, was immobilized from the toes to the hip with pasteboard splints and compressing bandage. The apparatus was opened on the 6th day; the swelling had all subsided; the skin was of natural colour; about half a drachm of pus was wiped off the wound which was found to be granulating. A dry gauze and oakum pad was then applied and remained for six days more, when there was found a trace of pus, and the wound was nearly healed. Four days later the cicatrix was solid and joint perfectly moveable and painless. Another case where the tendon of quadriceps extensor cruris was divided; the intercondyloid space exposed, and a finger could be passed underneath the patella. The wound was brought together with silver sutures and treated as the former. The wound was exposed on the 9th day, healing was then perfect. On the 30th day he was discharged with the function of the joint perfect. He also gives a case of severe contused wound of side of head, in which the ear was almost severed. Treated in the same way with drainage tube, healing took place without suppuration.

These are very instructive cases, as showing the true principles of surgery applied to practice. But I have something still more important to give.

Dr. Gamgee excised the right elbow joint in two cases, treating the one strictly on Prof. Lister's plan, the other by dry dressing, gentle pressure and absolute rest. In one case the skin was unbroken, in the other a sinus led down to a suppurating joint. The latter he took for the dry dressing, as its condition is not looked upon as a favorable one for the antiseptic method. This patient was also a weaker man. The state of the parts admitted of his removing as nearly as possible, the same

amount of the three bones in both cases. In the dry case he carefully abstained from wetting the wound. The subsequent treatment was directed to secure rest, drainage and pressure. In the case treated according to Lister's plan the utmost care was taken to carry out his teachings, by washing the limb with carbolic water before the operation, by washing the hands with soap and carbolic water; in cleansing the sponges, soaking the instruments, using the spray, which acted well; using the protection gauze and so forth. The subsequent dressing was in accordance with Lister's plan. As Prof. Lister had only a short time before visited Dr. Gamgee and demonstrated his method, it is not likely that there was any failure in carrying out fully the plan laid down by Lister.

The dry case was dressed four days after the operation, when it was found that four fifths of the wound was healed. "Although the dry rest man was nervous and comparatively feeble, he was in comfort by day and had good sleep at night, while his more plucky companion suffered a great deal of pain in the arm, greatly intensified at each dressing. The head and forearm of the former have all along been pale, cool and shrivelled; of the latter he says it was puffy, pink and shining during several days." Both the temperature and pulse of the one treated by the dry rest method were markedly lower from day to day. Dr. Gamgee remarks as follows, "a system of treatment which requires that whenever a discharge is seen to come through the dressings, these are to be changed under the carbolic spray, is opposed to the great principle of local and constitutional rest, subjecting the patient to a great deal of pain and the surgeon to a great deal of trouble."

As before stated the objections to Listerism are on theoretical grounds, and the erroneous and troublesome mode of practice it entails, causing the surgeon to give attention to points of a trivial nature to the exclusion of sound physiological and pathological practice. I take exception to the doctrine that decomposition depends upon the energy of bacteria, and unhesitatingly assert that there is no proof of this declaration. It seems to me an extraordinary belief that because low forms of life are found feeding upon decomposing organic matter that therefore they are the cause of decomposition. As well might the crow be credited with having caused the death of an animal because