

attended the performance of serious operations in the days which preceded the use of anæsthetics. We can imagine, however, some of the scenes which occurred, the thought of which must have made both patient and surgeon shudder. But since the use of these agents all this painful experience of the operating-room is spared us, and with the patient lying unconscious our duties are rendered immeasurably more pleasant, and we can operate with much greater precision and care, largely because we are not obliged to hurry in order to shorten the sufferings of the patient.

The period with which we have more particularly to deal opens with the introduction of the antiseptic treatment of wounds by Lord Lister. It seems almost like an inspiration that we should conceive the idea that to germs existing in the atmosphere and not to the air itself (as was formerly supposed) the suppuration in fresh wounds was due, followed too often by the occurrence of septicæmia and pyæmia. I had the good fortune, in the winter of 1866-7, to see some of his first trials of antiseptic treatment in the wards of the Glasgow Infirmary. He was then using a paste made of carbolized oil and whitening spread on block tin. This was laid over fresh wounds and also used as a dressing for abscesses. Even these early crude attempts seemed to me to yield much better results than the older methods of treatment. Soon afterwards he introduced the carbolized gauze as a dressing. Then he followed with sal alembroth gauze. Finally after much experimentation he found the double cyanide of mercury and zinc gave still better results, and this I believe he now almost altogether uses. For a time salicylic cotton was a favorite with him, and it is still used by some, especially in wounds of the face where it makes a neat and useful dressing, its edges being stuck to the surrounding skin by collodion.

A number of other antiseptics, such as eucalyptus, iodoform, biniodide of mercury, aristol, etc., have been employed and are still used in the treatment of wounds, but in most cases we think that double cyanide gauze will be found the most satisfactory material for the purpose.

Many surgeons claim to get as good or even better results by what is called the "aseptic treatment." But even they employ antiseptics to get rid of the septic germs always found on the surface of the body, so that they cannot strictly apply the term "aseptic" to their mode of treatment.

No one acquainted with the facts of the case will, we think, hesitate to affirm that hundreds of thousands of useful lives have been saved