sisted of simple ointments, often only cold unboiled water, followed later by constant poulticing to produce an abundant flow of pus. The supply of ether and chloroform was plentiful. The hypodermic syringe was not in general use even towards the end of the civil war. For the examination of wounds surgeons had only the ordinary probe, which, being unsterilized, was often a means of introducing bacilli as well as detecing bullets. Surgeons were in blissful ignorance of the fact that the sponges they used harboured multitudes of germs which infected every wound they touched. "If one fell on the floor it was squeezed two or three times in ordinary water and used at once." With knives, saws, forceps, and needles, these appliances made up the whole armamentarium of the surgeon in the civil war. The haemostatic forceps was unknown; each artery was caught and held up with a tenaculum and tied with undisinfected silk. Meantime other arteries continued to spout blood until they could be tied one by one. Secondary hemorrhage was common. Keen was called to five cases in one night after the battle of Gettysburg. In all the years since 1876, when he adopted Lister's antiseptic method, he has not seen five other cases of this occurrence. The Red Cross, the trained nurse, and the motor amublance—which have all come into existence since the civil war—have rendered inestimable service, but the greatest advance has been the discovery of the part played by sepsis. More than once Dr. Keen saw his teacher, the famous S. D. Gross, "give a last fine touch to his knife on his boot—even on the sole, and then at once use it from the first cut to the last." When threading a needle, all pointed the silk by wetting it with germ-laden saliva and rolling it between germ-laden fingers. Practically every serious wound suppurated. Of over 2,800 cases of pyaemia during the civil war only seventy-one ended favourably; less than eleven in every hundred cases of lockjaw recovered; the mortarity from trephining was 61 per cent. Dr. Keene says that he has never seen a case of hospital gangrene since the civil war. In the present war the danger of infection of wounds by the germs in a soil which has been under cultivation for centuries is increased by the conditions of trench warfare. But some of the worst scourges have been abated, and it is reasonable to hope for increasing success as knowledge grows. That military surgery is, in Dr. Keen's opinion, undergoing transformation is shown by the very title of his address. He calls it "Old and New War Surgery," and it was delivered on March 24th, 1915. Already the "new" of a year ago has to a considerable extent become the "old." New conditions of warfare have brought new experiences which have led investigators to seek for new methods of treatment. These are on their trial, and are so recent that they are not mentioned by Dr. Keen.—*British Medical Journal.*