

by the action of a septic poison. Any one who has examined the uterus of a woman dead of puerperal fever, will have found the whole substance infiltrated with pus cells, an abundant store to feed the septic fires.

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ANTISEPTIC SURGERY.

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"ANTISEPTIC Surgery in Country Practice" is the title of a paper written by Dr. J. M. Taylor, of Corinth, Miss., in *The Medical and Surgical Reporter*, of Philadelphia. The writer warns us that great harm has been done to the profession by the crude philosophy and hasty conclusions of pseudo-scientists, which constitute the great bulk of our literature on the subject of antiseptic surgery. He further tells us that conclusions are not reliable unless based on original research and premises well established, and that no amount of study and speculation on other men's labors can settle any question until all the basic facts have been clearly evolved and established.

The danger of making "hasty and imperfect conclusions" undoubtedly exists, and there is much written on the subject which is plainly unscientific; further, Listerian methods are frequently attempted in a manner which shows that the convert to the germ theory is utterly ignorant of first principles; the results obtained by such practice must necessarily be misleading.

One cannot expect the busy practitioner to reproduce for himself the elaborate experiments which led Lister to formulate his theories, nor is it possible for him to undertake the practical investigations which have led to such important results in the laboratories of Koch and Pasteur. This would be out of the question, especially in the case of those to whom Dr. Taylor addresses his paper, namely, country practitioners. I contend, however, that it is absolutely essential for the surgeon to study critically the more important experiments, and the methods by which reliable scientific investigators have

arrived at their conclusions. It is in this way only that he can expect to form an intelligent opinion. He must thus investigate the system to its very foundations if he wishes to practice antiseptic surgery intelligently.

It is a lamentable fact that many surgeons, who profess to treat their surgical cases in the Listerian fashion, lack thoroughness in detail, and very frequently commit gross errors during an operation which would be deemed unpardonable by any one who has studied the subject, and who is conversant with the principles upon which the system is based. The inevitable result of such imperfect practice is failure, and in this way, more than any other, the whole system is thrown into disrepute. I may give one or two instances. Carbolic or alembroth gauze is not unfrequently sold over the counter, and is measured out by the yard, being allowed to collect dust in the process. The gauze is often allowed to trail on the floor, or spread out on the bedclothes, without any care being taken to prevent its accumulating impurities. Thus the dressing may be rendered a vehicle by means of which the very organisms which we wish to exclude are carried into our wounds. Occasionally the danger is averted by the use of some strong germicide used as a lotion, but even with this precaution the danger of infecting the wound by the careless handling of the gauze is very great.

The use of imperfectly purified instruments is also a very frequent cause of failure. The instruments may be soaked for a regulation period in carbolic lotion, but if during the course of an operation any of them be dropped on the floor or laid about the patient, then there is great danger of them becoming impure, and they should not be used again. The proper place for instruments when not actually in use is undoubtedly under the lotion, or laid on a towel wrung out of the lotion. This precaution is often neglected, and not unfrequently an instrument is picked off the floor and plunged into the wound, with perhaps a dip into the lotion on the way.