AMPUTATIONS.

Under this head we notice the directions given by M. Paul Berger for amputation of the arm in contiguity with the trunk. He advises exsection of a portion of the clavicle, by which ready access is had to the great vessels, round which double ligatures are placed, the arm being elevated before ligature of the vein. In this way the operator has much better control over hemorrhage, and there is also no danger of air being sucked into the subclavian vein.

C. W. Cathcart, of Edinburgh,* from a study of the mechanism of locomotion, aided by instantaneous photography, has defended the partial amputations of the foot from the charges of certain surgical mechanicians who hold that Hey's and Chopart's amputations are not a success, and that if more than the toes must be removed, the whole foot should go.

ERASION OF CARBUNCLE.

Carbuncles and boils are local infective processes and are determined by special micro-organisms. The researches of Rosenbach,† Garre,‡ and Watson Cheyne, are conclusive on this point. It has therefore been proposed to treat carbuncles by scraping away as much as possible with the sharp spoon and applying antiseptic dressings. This treatment has proved very satisfactory and has the merit of being expeditious.

OPERATIONS DISCOUNTENANCED.

The results of pylorectomy, and removal of portions of the stomach for malignant disease, are not encouraging.

The tapping of ovarian cysts, continues to be discountenanced by all ovariotomists. An abdominal section properly performed is not so dangerous as the operation of tapping. Trachelorrhaphy would appear to have been pushed to its limits and performed with indiscriminate zeal. At all events its votaries have to reckon with the trenchant criticism of Noeggerath‖ who denies, point blank, its *raison d'etre.*

WOUND TREATMENT.

It is doubtful if any surgeon of repute, operating at the present day, does not use some method of antisepsis. Whatever method be employed, there is no denying the fact that it is to the genius, the practical skill, and the perseverance of Lister that we owe Antiseptic Surgery, As has been well remarked in the *Lancet*, "another years experience has only deepened the faith of surgeons in LISTER'S great discovery, and the voice of those who once set themselves in opposition to this 'new thing' is now silent, or only heard in feeble protestations that their life-long faith and practice have been in substance, if not in form 'antiseptic.'"

And if the development of Antiseptic Surgery has been the most glorious chapter in the history of our art, the opposition with which it has met, has been one of the saddest and most humiliating features. The blind prejudice, the serene capability for misrepresentation, the apathetic complacency in traditional methods which so long withstood the Apostle of Antisepsis, are almost inexplicable, explicable only by the fact that Darkness hates Light. And the darkness still hangs over remote and unhappy regions where Septic Surgery nurses its brood, Erysipelas, Pyaemia, Suppurative Fever, and comforts itself in the midst of its unmanageable offspring by the reflection that "the spray is going out of fashion." Perhaps it is: the spray and carbolic acid treatment may have served their day. There are more convenient methods now; and yet some of the most brilliant and successful surgeons continue to use the old system. Horsley, who has had such signal success in Cerebral Surgery uses the spray, Treves uses it in operations on joints, and Fischer of Breslau, in his recent great work on Surgery, states that he uses the "old fashioned Listerian carbolic dressings."

The first requisite to success in practising aseptic surgery is a thorough understanding of, and belief in, the Germ Theory of wound infection. The surgeon who has assimilated this doctrine and who has provided himself with any of the numerous, convenient and cheap surgical dressings now to be had, will not be at a loss for antiseptic methods.

* *Edinburgh Medical Journal*, March, 1888, p. 777.
† Microparasites on Disease. Trans. by Cheyne. New. Syd. Soc.
‡ Ibidem.
‖ See review in *Lancet*, 1888, I, 231.

INJURIES OF THE EYE, WITH CASES FROM PRACTICE.

BY STEPHEN DODGE, M. D., HALIFAX.

THE following cases illustrate various forms of injury to which the anterior part of the eyeball is subject. They are of interest from the fact that the natural course of the diseased action arising from such injuries usually ends in more or less loss of sight; and in many cases, after much suffering, in destruction of the eyeball. Some of the cases are relatively infrequent, as the presence of foreign bodies in the Iris; others again are much more frequently met with, such as injuries and wounds of the cornea and lens. Corneal wounds, when made by a sharp cutting instrument, are not usually very serious, unless they are extensive. When the Iris becomes adherent to their borders they may bye and bye lead to inflammation of the deeper tissues and injury to sight. When the Iris becomes imprisoned between the lips of the wound, and is allowed to become involved in the cicatrix, the progress of the case is usually tedious. Sight is almost invariably impaired from the primary disease, and recurrent inflammations are much more likely to occur than in the preceding variety, when the Iris is simply adherent.

But the Cornea more frequently becomes injured from some substance other than a sharp cutting instrument. The corneal tissue may be traversed by a rough angular substance, leaving a wound irregular in outline, so that its edges cannot apply themselves