

tion to be limited to particular branches of medical science, we had to rely upon the material we possessed, but assuredly, perfection in any of them can only be attained by directing our energies and study to some one or other of them.

As to the coroners jury, I hardly feel enough respect for it to give it serious attention. To suppose that a dozen men gathered up promiscuously from the streets, ignorant, as we know them by experience to be, and utterly unable to form a rational opinion as to the cause of death, could in any way advance the ends of justice, is to my mind egregiously absurd. The coroner's jury is always, if not a hindrance, at least a nullity, more frequently the former. In my opinion we might well dispense with the coroner's jury—if not indeed with all other juries.

You will naturally ask, What substitute do you propose, or what change do you think advisable to render coroner's inquests more satisfactory. I honestly confess that I have no matured scheme to lay before you. The matter requires consultation and prolonged investigation. Briefly, however, I may indicate the leading modifications which seem to me desirable.

1. Abolish the antiquated absurdity of coroner's jury.

2. Divest the coroner of all legal or judicial functions. Confine his duties entirely to the investigation of the case as a medical man.

3. In any case of difficulty, let him have the aid of one or more associated coroners.

4. Require more exactness in recording all the circumstances and conditions attendant on the death of deceased.

5. Entrust the post mortem examination to those specially qualified to conduct them, or at least to those who have had frequent opportunities of conducting them, and not to one chosen at hazard, or because of his accidental association with the case.

6. Give the medical expert ample opportunity to mature his opinion, by comparison, reading and reflection.

7. And finally, require the coroner or associated coroners to present to a proper legal officer a reasoned opinion as to the cause of death, based upon a consideration of all the facts elicited in the course of the enquiry.

ANTISEPTIC TREATMENT OF WOUNDS OF THE HAND.*

BY DR. OLMSTEAD, HAMILTON, ONT.

Mr. President and Gentlemen,—

The subject to which I have the honor of asking your attention, viz.: The aseptic and antiseptic treatment of injuries of the hand, is one which, at first glance, appears to be of rather trivial character, but I think you will all agree that it is one of very great practical importance both to the general practitioner and public at large. We all meet with such injuries almost daily in our practice, while but few are called on to remove renal calculi, cystic ovaries, or brain tumors; and though we have not the opportunity of transplanting a cornea, yet it is not uncommon for us to have fingers almost entirely removed by machinery, which it is in our power to replace and save.

Prof. Agnew says, "The importance of the hand as a prehensile, tactile and defensive mechanism is so great, that in no other part of the body does there exist so much necessity for conservative surgery." Now the frequency with which fractures of the phalanges are treated by amputation is shown by Hamilton's figures, viz., 12 in 30, i.e., 40 per cent., but I feel confident from my observation of hospital cases during the past eighteen months that a great many more can be saved than usually are. However, when it is found absolutely necessary to amputate, as much of the finger should be saved as possible, and we should always aim to get as useful a hand for our patient as circumstances will allow. Now it is as important to practice aseptic or antiseptic surgery in this class of injuries as it is in the major operations, and you all are aware of the necessity there. Here also should we perfect ourselves in the technique of asepticism, for, as is well said by Gerster, of New York, "It is wicked to attempt to learn the first lessons of aseptic surgery in laparotomy, when, possibly, the surgeon's experience is bought with the life of his trusting patient." Of course we necessarily have to modify our means of asepticism in emergencies, but never should we deviate from this principle.

* Read before the Ontario Med. Association, June, 1888.