

absorbed by blue glasses; daylight being white, smoke glasses are used to weaken its intensity. Colored glasses should be worn in deep seated inflammations only, they cannot properly replace the bandage where there is photophobia due to inflammation of the cornea.

Complete rest for one eye is only obtained when both are quiescent, so when one eye alone is affected, both should be kept at rest to facilitate the healing process.

TUBERCLE, FROM A SURGICAL STANDPOINT.

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In dealing with this question it is necessary to come to an understanding as to what constitutes tuberculosis. Up to recent years the two diatheses—tubercular and scrofulous—were universally recognized. It was admitted that the scrofulous were more liable than others to become tuberculous, but this admission was not intended to imply any specific connection between the two diatheses. The fact was accounted for by the diminished physiological resistance which was the acknowledged characteristic of scrofula or struma. But the absolute identity of tuberculosis and scrofula has been very conclusively demonstrated within a recent period by the invaluable researches of Koch, Baumgarten, Volkmann, and others. Arthur E. J. Barker, of University College, London, patronizingly speaks of those who hold a contrary view as "surgeons at home and abroad who do not perhaps enjoy the privileges of closely following the rapid advances of pathological investigation."

The acceptance of these advanced views, and the wonderful results of treatment that have been attained by Barker, Volkmann and others, constitute a veritable revolution in the surgery of what have hitherto been designated "scrofulous lesions."

In looking at tubercle from a surgical standpoint, it is accordingly necessary to consider, 1st, What effect general tuberculosis has upon operations involving non-tuberculous parts, and upon the healing of accidental wounds, fractures, etc.; and, 2nd, What are the best methods of treating local tubercloses.

It is frequently a matter of astonishment, as well as gratification, to the surgeon to note how kindly wounds heal by first intention, even in those whose lungs are full of tuberculous cavities. Hence, pulmonary tuberculosis is not so formidable an obstacle as might be anticipated in the treatment of wounds accidentally sustained. Of course if the wounds are of such a nature that prolonged confinement in a recumbent posture is necessary, the effect upon the lungs must be baneful; but as far as the injury itself is concerned, if absolute asepsis can be maintained, we may hope for healing by first intention in all wounds capable of so healing, and for good healthy granulations in wounds not so favorable in their nature. While it must be admitted that if a long bone be the seat of a local tuberculosis it is thereby rendered specially liable to fracture, we have ample evidence that ordinary fractures in a tuberculous subject heal almost or quite as well as in those not so affected. In fact, in none of the works on surgery that I have had the opportunity of consulting, is tuberculosis set down as a cause of ununited fracture, or even of delayed union.

Still it must not be forgotten that Baumgarten has proved experimentally by operations on the eyes of rabbits, that if the tubercle bacillus once lodges in a recent wound or in granulation tissue it grows with largely increased luxuriance. While the knowledge of this fact cannot influence us in the treatment of wounds and fractures accidentally sustained, it must have due weight with us in deciding upon the advisability of any operative procedure. Ponfick has shown that a single caseous focus may become the forerunner of acute miliary tuberculosis, by rupturing into the thoracic duct. Weigert has demonstrated what is probably the commonest channel of infection, viz., through the veins, and Koch found the small arteries of a bronchial gland invaded to the intima by swarms of bacilli. Since then an individual infected to any degree with tuberculosis is liable to have swarms of bacilli set free in the blood at any time, we must not, without due consideration, create a feeding ground for them. Truly it would be nothing short of cowardice to refuse to attack a cancerous breast, or a sarcomatous jaw, but I think a judicious surgeon would hesitate to remove an innocuous fatty tumor, or to do an osteotomy