

for the freeing of the toes, may be performed at the time of the operation, or a few weeks later, before the patient is able to get about on the new foot. The fact that this operation results in an inelegant bulging of the anterior soft parts at the point of union cannot be said to be a real objection to the procedure, which, theoretically at least, seems to be a valuable addition to conservative surgery.

Surgical works are rich in methods of reaching, for the purpose of ligation, most of the arteries of the human body. One vessel, however, seems to have been much neglected: the internal mammary is seldom mentioned in this connection, in spite of the fact that it lies so near the surface of a part so liable to injury as the front of the chest. Any one who has tried on the dead subject to ligate this artery between the costal cartilages knows what a work of chance it is. Let the chest be in constant respiratory movement, as in life, and the difficulty becomes practically insurmountable; yet we can easily see that a stab-wound in the chest may, on short notice, demand the tying of this vessel by any man in the medical profession. The following method is simple, easy, comparatively safe, and quickly performed: The artery lies about a finger's-breadth outside the sternal border; a longitudinal incision, with its centre at the above-mentioned point, is made on the costal cartilage; by this the integument fascia and perichondrium are divided. The integuments are now drawn aside by retractors, fully exposing the cartilage. Two transverse incisions are made in the perichondrium, so as to free half or three-quarters of an inch of that structure. This is now carefully stripped down from the sides by a raspatory, and the instrument carefully carried round between the perichondrium and cartilage, underneath the latter. A portion of the cartilage corresponding in extent to the freed surface is now cut through at both ends on the raspatory and gently lifted out, when the artery may be plainly seen lying between the perichondrium and pleura. The former is carefully scratched through with the point of a director, and the vessel ligated. This operation gives abundant room and a clear sight of the vessel, rendering the danger of injuring the pleura very slight in the hands of a careful surgeon.

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