

saponis, $\frac{3}{4}$ iv, with a small quantity of olive oil. I certainly have seen nothing used for this purpose which had the same sticking qualities.

The third stroke—in cases where the abdomen is at all distended—commonly carries the knife through the peritoneum, and a pair of blunt-pointed scissors, or a bistoury and flat director rapidly extend the opening; of course in cases where there is no abdominal distension, and no separation of the recti, with therefore no widening of the linea alba—as in operations for pyosalpinx—more care and more time are required; but even here I find that the majority of operators open the peritoneum within three minutes after making the first incision, all bleeding points having been secured by pressure forceps.

(The other day in watching Sir Joseph Lister remove the head of the humerus in an old case of dislocation, I noticed that though the patient was in good condition, and his bones were well covered, the first stroke of the knife exposed the capsular ligament thoroughly, so that no second incision was required during the operation. I have noticed that Dr. Max Schede, of Hamburg, in his operations adopts the same bold style. As we commonly regard a thing as done soon enough when it is well done, this may not appear to be a point of much practical importance, but as it is the style adopted by the best living surgeons the world over, I think that, having properly assimilated our anatomy, we too may follow their example, with profit both to ourselves and our patients.)

The actual cautery was applied to the pedicles over a Baker-Brown clamp. Two cauteries were generally used, one prism shaped, the other thin and sharp. These were heated as hot as possible, and the pedicle cut rapidly through, the clamp being carefully watched that it does no injury to the parts beneath, through the damp towels which have been inserted under the clamp as a precautionary measure; while the directions are to dry the portion of pedicle grasped by the clamp, this must be done carefully, and not too thoroughly; it ought not to be rendered crisp or even stiff; if this be done it will probably adhere to the clamp, crack in the separation, and bleed, whereas, if the heat is withdrawn at the proper time, the pedicle will slip out of the

clamp the moment the clamp screws are loosened, and stand up—between the small forceps which have been applied to each end—like the fin of a fish, soft and pliable, but perfectly white.

Carbolized catgut, which has been thoroughly stretched just previous to the operation, is used to secure bleeding points. This gut should have been in the carbolized oil for at least six months, to enable the water used to render the carbolic acid liquid to separate out. Dr. Keith usually places a few marbles in the bottom of the bottle to keep the gut out of the water as it collects; kept in this way the gut is stronger at the end of one year than it was at the end of six months.

The wound here is closed by a set of silk sutures passed through the peritoneum and abdominal wall, from the under side, between these silk sutures, are placed superficial horse-hair sutures; these latter are not removed for some weeks, the patient often being discharged with these in position.

I have certainly seen no better looking abdominal wounds, as they appear some weeks after the operation, than those of Dr. Keith.

L. M. SWEETNAM.

BERLIN, Feb. 4th, 1888.

TO THE EDITORS OF THE CANADIAN PRACTITIONER.

LETTER FROM NEW YORK.

DEAR SIRS,—Believing that a few jottings regarding medical and surgical practice and teaching in this American metropolis would not be without interest to your readers, as well as to keep good my promise made before leaving Toronto, in August last, I will give you some account of the salient features of our professional work as they have been presented to me.

The large pauper population of this city has caused a great many dispensaries to come into existence, some of which are very numerously attended. Some of the enterprising men in the profession finding so great an abundance of interesting material at hand for clinical work, conceived the happy thought of establishing post-graduate schools. At the present time there are two of these—the New York Polyclinic, and the New York Post-Graduate School and Hospital—doing good work, and full of promise for the future. Men and women from the uttermost