

operators, such as Fenger, appeared to employ them in all cases. Others only used them in markedly septic cases, while others appeared to have objections to using them at all. They certainly appeared to me to interfere with the fine tactile touch necessary for some operations. I saw one surgeon discard them during an operation, in order to be better able to feel what he was doing.

With regard to sutures and ligatures, I saw the following used—silk, catgut, horsehair, silkworm gut and bronze-aluminum wire. Fenger uses silk for everything. The great advantage of silk is that it can be readily sterilized by boiling. The disadvantage is that although wounds may heal up by first intention, very often the silk gives rise to abscesses at some time in the future. At the Polyclinic most of the operators use catgut exclusively for ligature of vessels and pedicles.

The method of preparation they employ was new to me, and is as follows :

- (1) Wind the catgut on glass slides or heavy tubing, being careful not to allow it to overlap.
- (2) Soak in 4 per cent. (of the ordinary 40 per cent.) solution of formalin for forty-eight hours.
- (3) Keep under running water for twenty-four hours.
- (4) Boil in water for fifteen to twenty minutes, according to size. Have the water boiling before putting in the catgut. Cut in eighteen inch lengths.
- (5) Preserve in 1-1000 solution of HgCl_2 in alcohol. It is used directly from this solution.

Ochsner, of the Augustana Hospital, considers that the use of strong germicides on the hands of the surgeon are detrimental, as it is most important that the skin be kept smooth and as free as possible from dead epithelial cells. He condemns unnecessary traumatism and handling of wounded parts, and attaches a good deal of importance to sutures not being tied tightly enough to cause pressure necrosis. He considers that although theoretically sutures passing through the skin and the deep tissues underneath are a menace to the patient, because they form a direct communication between the stem containing staphylococci and the deep tissues which are primarily sterile, practically these stitches never cause an infection unless drawn too tightly, in which case the resulting pressure necrosis is the cause of the mischief, because it furnishes these micro-organisms dead tissue to thrive upon.

The wound in the abdominal parietes is closed in different ways, according to the fancy of the operator, although most employ some form of layer suturing. Some reinforce this with through and through silkworm sutures. I do not recollect seeing any cases where this method was alone relied upon, although I notice that at the recent meeting of the American Medical Association it was