The longitudinal removable "en etage" suture of silk worm gut or wire.

In principle, this method is the extension to successively deeper and deeper layers of tissue of the subcuticular suture, which Marcy, Halstead and Kendall Franks introduced some twenty years ago. Within the last ten or twelve years it has been described and claimed as original by a large number of surgeons. Their sincerity in making these claims need not be called in question. The world waited seventeen centuries for chloroform, and then three men in as many countries discovered it almost simultaneously, but with Guthrie, across the lake at Sackett's Harbor, slightly in the lead. Three other men, Battle, Kammerer and Jalaguier, almost at the same time proposed our best incision for appendix removal, but with the Englishman this time heading the list. It is quite understandable that the same idea occurred independently to each claimant, but if their contentions are to be allowed, we must hold Cassaignac guilty of anticipatory plagiarism since he described this method in all its essential details as long ago as 1852.

Houston in 1895, Haughey in 1896, Baldwin and Cullen in 1897, Reed in 1898, Kane in 1899, Graham in 1902, Child in 1907, and many others have presented its advantages forcibly, and we are under obligation to them. Dr. Baldwin, at whose excellent table we so often assemble (for surgical work), began to close wounds in this way in 1897, and has been able to report one thousand cases without a known hernia. To Dr. George A. Peters, whose recent and untimely death we all deplore, is undoubtedly due the credit of demonstrating to the profession here the exceeding value of the longitudinal removable suture. His clear surgical insight enabled him to grasp the mechanical principles underlying it, and his skill and success in its use led a large proportion of those who are doing aggressive surgery in Toronto to adopt it as a routine procedure. I am not aware that he ever wrote upon the subject, but with his views I am familiar, as we discussed from time to time various suggested modifications of the method.

Personally, I have in my practical surgery classes, instructed many hundreds of students and physicians in its use, and I have yet to meet with an operator who, after mastering its details, has not come to hold it as first among all the means which surgical ingenuity has provided for meeting a goodly proportion of the indications in wound closure.

The reasons for this are not far to seek. It can be rapidly applied, it does not and cannot strangulate or unduly bind tissue as transverse sutures will in spite of every care taken to prevent undue tension, it has no capillarity, and it will not snap and allow of the reopening of lines of union as terraced sutures of catgut have too often done under sudden strain.