

off, or, as the technical phrase is, are *scarfed*. Sometimes they are said to be chamfered, a term borrowed from architecture, and usually corrupted into *chamfered*.

These scarfed edges being then applied to one another, and fastened either by gluing or by rivets, afford at the same time a very strong connection, and one which involves no thickening of the belt, which would interfere with its running. It is indeed often difficult to detect the exact line of junction.

The scarfing is done by means of a machine, with very great accuracy. I exhibit samples of it, and they will show the principle better than any description could.

Sometimes the scarf or bevel is made very long, and then of course it approaches much more nearly to parallelism with the surfaces of the leather. I measured the junction between two pieces of a belt in use, a few days since, and found it twenty-two inches.

Let me now briefly state a few typical cases in which I think I may claim that this procedure has been the direct means of effecting the best possible results.

A woman, æt. 52, came under my care with a mammary tumor requiring excision. The skin was very slightly involved. By means of two bevelled incisions I removed a mass equal in bulk to that of my two fists—going well into the healthy areolar and adipose tissue around the gland and tumor. A number of vessels which required ligation were secured with carbolized catgut, the ends of which were cut off short. The oozing of blood was thoroughly controlled by constant sponging with hot water, and the surface of the cavity, at the conclusion of the operation, was perfectly dry and clean. The wound was closed with three points of the hare-lip suture, and adhesive strips. Carbolized cerate was applied as a dressing, and gentle, equable pressure made with a pad of raw cotton.

On the third day the pins were removed. On the fifth the wound was found to be solidly united from one end to the other, there not having been a fluid drachm of pus formed.

Another case was that of amputation of the forefinger at the metacarpo-phalangeal joint, for injury by the thrust of a needle, causing cellu-

litis and wasting, with painful atrophy of the soft parts. The incisions were so made as to bring the cicatrix on the upper part of the stump, the outer flap being bevelled from within outward, the inner from without inward. Here there was some subsequent pain, and a dressing of hot laudanum was applied for about twenty-four hours. A perfectly dry healing ensued, with an absolutely linear cicatrix. No dressing whatever was used after the third day, a strip of dry lint only being put on as a protection.

Another case was one of strangulated inguinal hernia of the right side, operated on April 19th. The incision was made by carrying the knife in very obliquely, and dividing the skin in that manner for the requisite distance. The hernia was reduced without opening the sac. One vessel required ligation, which was done with carbolized catgut. Four or five hare-lip pins were employed for the closure of the wound, and one silver-wire suture, fastened with lead plates at either end, through the deeper tissues. A superficial silver-wire suture was also used at the lower end of the wound. All these sutures were removed on the third day. No dressing was used but carbolized cerate, with a thin sheet of raw cotton over the whole of the region involved. The healing, although not absolutely dry, was very nearly so; there was never more than fl. ʒ i. of pus on the lint taken off. The cicatrix is a mere hair-line in appearance, and there is no tenderness, even on firm pressure.

No argument is necessary to show the advantage, in such a case as this, of a firm and deep union of the edges of the wound, with as small an amount as possible of cicatricial tissue to be pressed upon by a truss, which prudence will oblige this patient to wear for a time.

These cases have been selected as typical of the various classes of operations, and will answer as well as a much longer series in illustration of what I think is the value of this method.

Bevelling the edges of wounds made in rhinoplastic operations has been practised by many surgeons, notably by the elder Pancoast, of Philadelphia, whose "tongue and groove"