

erally supposed, and it would be of yet more frequent occurrence if fistulæ were more frequent than they are, and if proper perseverance were observed in the application of remedies and the observance of an azotized diet. Under the influence of fistulæ and of the treatment which they allow of being put into force, the author has known cavities to have become cicatrized; and so far from regarding them with Jobert as aggravating complications which should be at once removed, he regards them as highly salutary, and would recommend their provocation by every possible means when nature does not produce them spontaneously. The success which M. Jobert states that he has obtained in operating in these cases can only be explained by the supposition that he has had to do only with fistulous tracts proceeding from mere phlegmonous abscesses. A phlegmonous abscess, quite independently of tubercle, may become developed at the margin of the anus, and the resulting fistula may be operated upon with even advantage to the patient; but the difficulty is to distinguish such a case from a fistula acting as a means of elimination of tubercular matter, to the great advantage of the pulmonary affection and the general constitution. The decision is sometimes difficult, and always important, as the very life of the patient may be dependent upon it. However, the general conclusion at which M. Thiry arrives is, that the operation for fistula performed at any stage of phthisis only precipitates its fatal termination. He selects two of the cases which have come under his own notice, as illustrative of the advantage derived from respecting the fistula, at both an early and a late stage of the affection, and he adverts to others in which a contrary practice has been followed by the worst results.—*Brit. For. Med. Surg. Review.*

ON THE EMPLOYMENT OF THE DRY SUTURE.

The foregoing is the rather singular appellation of an interesting paper by Dr. Baelen, in the "*Journal de Medecine de Bordeaux*," who states it as due to the inventive talents of Dr. Vesigné of Abbeville, at which place Dr. Baelen saw the procedure adopted. We extract the most important part of this paper from our valuable exchange alluded to, merely observing *in limine* that Dr. Vesigné is a distinguished physician of Abbeville, and surgeon in chief to its principal hospital. Dr. Baelen thinks it may prove a useful expedient in military surgery, and considered it his duty to take public notice of it, as a highly ingenious and most satisfactory method of securing the reunion of the severed surfaces of wounds.

Some stout and strong linen strips or ribands, a few pins, some waxed thread and collodion, are all that is required.

The wound should be thoroughly cleaned, and every foreign body removed, the adjacent parts should be also washed, dried, and if necessary, shaven.

Everything being ready, the surgeon takes a number of these linen ribands, observing that their length is proportionate to the depth of the wound. It depends on circumstances whether their number should correspond with the extent of the wound. One or more of the pins is to be fastened into the end of the riband next the edge of the wound, taking care that it has a firm hold, and is in a direction of right angles to the cut surface.

This done, the operator by means of the collodion, fastens on each side of the wound, and opposite the direction as indicated, the ribands thus armed with the sole precaution that the pins placed nearest the wound should be directly opposite each other, and therefore parallel. That part of the riband to which the pin is attached, need not be glued to the skin, but left free if expedient, to the distance of about a $\frac{1}{4}$ inch from the edge of the wound. The adoption of this precaution permits us to protect the skin from the action of the pin, by inserting pieces of lint or other soft material, between it and the skin. There is another precaution equally indispensable, and it consists in the observation of this maxim, that the ribands and pins must be placed exactly opposite each other on each side of the wound, so that when submitted to traction the edges should come exactly into place.