tion that medical men are in duty bound to volunteer services where they were not sought for. That may be the Dr.'s mode of procedure, but it is not mine, especially in a case where life and death were not involved. If he knew my opinions why did he not whisper the fact in the ear of the counsel for the defence? I am not responsible for the Dr.'s inferences, which are founded on a "baseless fabric" of imagination.

If, unfortunately, we ever meet on a like occasion, I shall be happy to give Dr. Ling's opinions and evidence that prominence they deserve.

I am, yours truly,

DANIEL CLARK.

Toronto, Jan'y 16, 1879.

Selected Articles.

SOME SURGICAL WRINKLES.

BY JOHN H. PACKARD, M.D.

The first point that I shall discuss is a method of making superficial incisions by which scarring can be avoided. In operations upon exposed parts, such as the face and the hand, it is very desirable that they should be so done as to leave as little scar as possible. The procedure that I have to recommend was first suggested to me by witnessing the effects of an accident, a lady having fallen while carrying a china dish, a piece of which made a long, gaping, incised wound in her hand, the sharp knife-like edge of a fragment having cut through the skin very obliquely. After approximation the wound healed readily, almost without scar. The traces of the injury could scarcely be discovered a few weeks afterwards.

Thinking that this effect was in a great measure due to the direction of the incision through the skin, I tried the experiment in cutting down upon a tumor of the thigh, holding the knife so as to divide the skin obliquely. The wound united perfectly, and after it had healed I actually could not find the line of incision. Since that time I have tested the idea in other cases, with highly satisfactory results. In small, superficial operations, such as the removal of small tumors from the face, it has a cosmetic advantage that at once recommends it without requiring further discussion.

The second "wrinkle" is a suture-needle with the eye near the point, for the purpose of introducing wire sutures. The difficulty in using this material arises principally from the tendency of the wire to "kink" in pulling through the tissues. This is entirely avoided by employing a needle with the eye near the point; the needle being pushed through the lip of the wound, the wire inserted into the eye, and the needle withdrawn. The needle is essentially the same as that known as Baker Brown's, having been devised by that surgeon for the operation of closing ruptures of the perineum. It may be either set in a handle or held in a needle-carrying forceps,—the latter being the most convenient form for the pocket-case.

An extremely small portion of the wire need be passed through the eye to cause it to be held securely while it follows the needle in its withdrawal from the wound. It can be used in drawing together the flaps of large stumps, as well as in the thin lips of a simple incised wound, the only difference being that the thicker the tissue the longer the needle required. These are made by Mr. Gemrig of different sizes so as to accommodate even the thickest of silver or lead wire used for sutures.

The next idea was obtained from a quack, through a patient who had been under his care, and concerns the manner of introducing the ligature for a fistula in ano. Here let me say that in the treatment of this affection I have found the ligature, and especially the elastic ligature, a very satisfactory substitute for the cutting operation,—being equally efficient and much less painful. Every one knows how difficult it sometimes is, after introducing a probe through a fistula, to make it project from the anus, and how painful the procedure is for the patient. In order to obviate this we first introduce the probe in the ordinary way through the fistula and into the interior of the rectum. The silk ligature is then carried into the bowel on the top of the fore-finger, in the cleft under the free extremity of the nail. Havin, the ligature thus in the rectum, it is easy to slip the probe alongside of the finger, which is then withdrawn, leaving the ligature; the latter is now twisted by its two ends until it grasps firmly the extremity of the probe, so that in withdrawing the probe the ligature is carried through the sinus and may be tied in the ordinary way. This is easier to carry into effect practically than to describe. It is only needful to see that the end of the probe is bulbous enough to prevent the ligature from readily slipping off. Most of those sold are so.

In using the elastic ligature for the treatment of fistula in ano, it usually becomes necessary to tighten it from time to time. It does not tie easily, and the knot is bulky. In order to perform this duty quickly, securely, and without causing unnecessary pain to the patient, I simply cross the two ends and tie an ordinary ligature around them. Either this tying or the subsequent tightening of the ligature can be done without the aid of an assistant, by making two small loops of wire and fastening them to the ends of the ligature. Having the thread between one thumb and forefinger ready to tie around the ligature when it is drawn tight, the little finger of each hand is inserted into the loops o rings of wire, by which any desired traction can be made upon the ligature, while the other fingers of both