

with salmon gut and sub-cuticular horse hair as introduced in Toronto by my esteemed colleague, the late Dr. Geo. A. Peters. Dr. Powell's method leaves a dead space in the fatty layer and is therefore defective.

Another matter in the technique that I must criticize is the soaking of the wound, before closure, with normal saline. I think this a most pernicious practice, and if abandoned will to some extent overcome the "exasperating frequency" of suppuration.

The specimen that I show is a section of the abdominal wall from a case of cancer of the stomach in which the late Dr. Peters opened the abdomen, hoping to make an anastomosis, but in which there was no normal stomach wall. The patient died two weeks later—a week after Dr. Peters' death. I had the wound preserved as a monument to the admirable work done by our beloved colleague.

Dr. T. S. Webster said: Buried longitudinal sutures are better than removable ones of silk worm or silver. The muscles should be approximated, and, if so, the fascia may be ignored. In the operation for ventral hernia all that is necessary is to take the recti muscles out of their sheaths and approximate them, or overlap them in the median line with sutures that do not constrict the line of union. Catgut is dead animal tissue, and is good food for germs when they are allowed to be present. The catgut is often blamed for the defective technique of the operation.

Dr. Powell, in reply, said that layer suturing had come to stay, as a marked advance in the closure of abdominal wounds. He drew attention to the importance of tension sutures and advocated the use of the matress suture, buried on one side and fastened externally on the other, and including muscles where they existed, as well as fascia. He had established to his own satisfaction that the fastening upon the skin had no influence in increasing the tendency to suppuration, as many had feared, and that the removable sutures had always proved to be the most desirable, being least liable to be followed by undesirable results.

FRACTURE OF THE NECK OF THE FEMUR—A NEW TREATMENT.*

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IT is the object of this paper to present in as brief form as possible the treatment of fracture of the neck of the femur by what is known as the abduction method. Some ten years ago attention was drawn to the subject by a remarkable number of cases crippled in vigorous life as the result of faulty or non-union following this injury. An investigation followed, and it was found after examination of some 500 cases treated in

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