

vantages incident to its use before Lister's time, hence, sterile silk in an aseptic wound is undoubtedly the safest ligature to employ for the ligating of the larger vessels.

But the nearest approach to perfect ligature material is found in kangaroo tendon. It is smooth, pliable, strong, aseptic, and not too readily absorbed (it takes eight or ten weeks for absorption to occur). It has no inorganic material incorporated with it and can easily be made aseptic. In rendering it sterile it is better to boil it in alcohol, as any of the aqueous solutions causes it, like catgut, to swell up, and afterwards, when dried or placed in alcohol, it becomes brittle. After boiling, it should be kept in absolute alcohol. There is only one objection to its use, and that is—the knot is apt to slip unless well tightened. In conclusion, we prefer for the larger blood-vessels silk, for the medium sized ones, kangaroo tendon, and for the smallest, catgut or tendon.

SKIN GRAFTING.

W. B., age 26, about 13 years ago, had the misfortune to upset a pot of boiling pitch, burning his left leg from the hip to the knee. During these years he was incapacitated from work, and when seen by us there was still a large ulcer about seven inches long by five wide remaining. Everything possible had been done to promote healing, including Reverdin's method of skin grafting, which had been employed about two years before entering the Hospital, and which for a time promised to be successful, but the new skin formed was of such a delicate nature that in four weeks time it broke down and the sore was as bad as ever. With the exception of this period, the ulcer had remained in the same condition during these 13 years.

On May 4th, under chloroform, skin grafting by Thiersch's method was done; both limbs being prepared for operation in the usual way, the ulcer was scraped, the healing margin as well as the granulation tissue being thoroughly removed. Oiled silk which had been disinfected in carbolic solution, and then washed in a saturated solution of boracic acid, was placed over the ulcer and, covered with sponges, was firmly bandaged to the limb. This was done to keep the surface of the scraped ulcer aseptic, and the oiled silk was used to check the hemorrhage, for if gauze or cotton had been employed, they would have adhered to the surface, and on being removed to put the grafts in position, would have torn the capillaries and thus promoted bleeding.