dissects off the part, tying all bleeding vessels as he proceeds. After seeing that the surface left is absolutely dry, he inserts horsehair sutures, very close together, beginning from above and draws the edges of the wound together. The edges are easily approximated if the assistant firmly presses the deeper tissues out of the way with his forefinger as each suture is tied. The sutures before being tied are represented in Fig. 2.

If at any place the two skin surfaces cannot be drawn together by means of the horsehair suture, he uses silver wire and the button suture to coapt the parts. The wound is then dressed with powdered boracic acid, protective, an abundance of

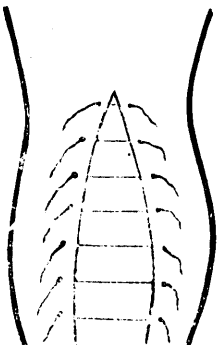

FIG. 2

antiseptic wool, and a gauze bandage tightly applied. The leg is then to be kept at absolute rest until union by first intention has taken place. An anterior splint is therefore applied, which reaches above the knee and below the ankle. The splint is applied to the leg by bandage carried around the ankle, knee and thigh only; not continuing the bandage over the wound. The leg is then elevated, swung to a cradle, and the parts kept at perfect rest for from eight to twelve days, when the sutures are removed, and if union by first intention has taken place, only a linear cicatrix marks the position of the wound.

The two main points in the treatment are, to excise the proper amount of tissue in each case, and to get union of the parts by first intention.

G.

Selected Articles.

THE CURE OF HÆMORRHOIDS BY EXCISION AND CLOSURE WITH THE BURIED ANIMAL SUTURE.

In his paper on this subject Dr. H. O. Marcy, of Boston, said that the recent discussion of the surgical treatment of hæmorrhoids, published in the N. Y. *Med. Jour.*, evoked by a late paper of Mr. Whitehead's, of Manchester, England, had been both timely and interesting. The medication of wounds, and treatment based upon aseptic measures, marked the present as an era of surgical evolution, to which surgery of the rectum should be no exception. Few of the minor surgical diseases caused so much suffering, and gave to the general practitioner such constant repetition of complaints as those of the rectum, and, in return for services rendered, no class of patients were more appreciative and grateful. The teachings of the text-books, with few exceptions, offered very little improvement upon the methods of the past in the treatment of the disease of the rectum. The advocates of the ligature perhaps equalled those who claimed superior advantages to be derived from the use of the clamp and the cautery. Although a practical cure was often obtained from the use of either, he could not but believe that both were surgically defective and should be relegated to history. While it might be conceded that the general practitioner was in a large majority of cases familiar with the pathological conditions pertaining to the hæmorrhoidal diseases, still it might be well to be reminded that the blood was carried with the arterial impulse directly to the part through short branching vessels, and in turn received from the capilliaries into an extraordinary net-work of veins, which emptied through the inferior mesenteric into the portal system. These veins were entirely without valves. Boerhaave and Morgagni had pointed out these anatomical peculiarities, and remarked upon the horizontal position in the lower animals, which thereby took off the superincumbent weight of the blood column. They adduced this as a reason why quadrupeds were not subject to diseases of this nature. He took pleasure in calling attention to a most interesting and learned article on this subject by Dr. Bodenhamer (N. Y. *Med. Jour.*, Jan. 12, 1889, p. 39). It seemed, however, a just criticism that the weight of the venous column