mon scalpel and bistoury,—and act efficiently only in being drawn from heel to point. The cutaneous tissues, and in many instances the subjacent parts, should be divided at once and completely, by a single incision made lightly and rapidly ; for the pain experienced is in proportion to the pressure and tardiness of movement in the instrument ap­plied. The pain of partial division of the skin, in tails left at each end of an incision, is very great ; and, besides, such wounds are not so available, as they would otherwise be, for the intended purpose of evacuating fluid, for permitting the extraction of foreign bodies, or for the dissection of mor­bid growths. Also, the pausing of a surgeon in the midst of a dissection, and the resort to fresh and more extensive incisions of the surface, is not only always awkward, but at­tended with much additional and unnecessary pain to the pa­tient. Every cutting instrument should be well balanced, and placed in a steady, smooth handle ; the point should either be in a line with the back, which ought then to be perfectly straight, or both edge and back should be so far convex, the point being in the middle of the blade. The form and size of the instrument ought always to be in pro­portion to the extent of the proposed incisions, both as re­gards their length and depth : nothing can be imagined more cruel and reprehensible, for example, than an attempt to remove the lower extremity of a full-grown person with a common scalpel or dissecting knife. If an extensive in­cision is necessary, an instrument should be employed pos­sessing length of edge sufficient to separate the parts smooth­ly and quickly. Should the operator be required to cut on important parts, to perform a delicate dissection of the liv­ing tissues, he will choose a short-bladed instrument, with a handle rather long and well rounded ; and after the su­perficial incisions have been effected, he will hold it as he would a writing pen, lightly but firmly, so that he can turn the edge, and cut either towards or from himself, as occasion may require. A small well-made scalpel, with a good point, and less convexity than those usually employed, is the in­strument best adapted for such a purpose. Grooved probes and directors should be used as little as possible. With a little practice, incisions may be made upon the most deli­cate parts, without risk, by the hand unsupported, one layer being cut after the other. If any instrument is wanted to make the proceeding more safe—if the closely investing fasciæ of a hernial tumour, for example, are to be cautious­ly raised—dissecting forceps will be found the most conve­nient instrument for elevation previous to incision. In di­viding the skin, the knife, whether a scalpel or a bistoury, is to be held and entered with the point and blade at right angles to the surface. It is carried with a decisive move­ment down to the subcutaneous cellular tissue ; the blade is then inclined towards the part to be divided, and by a rapid and slightly sawing motion—as little pressure being applied as possible—the division is effected to the desired extent. The incision is finished by withdrawing the knife in a position perpendicular to the surface, so as to divide the entire thickness of the skin at the extremity as well as origin of the wound. For dexterously effecting such manipulations, the “ fingers must be educated and dili­gent practice in the dissecting-room will be found the best foundation for surgical dexterity, as it is for sound surgical knowledge : “ it is only when we have acquired dexterity on the dead subject, that we can be justified in interfering with the living.” By practice the pupil will be enabled to use either hand almost equally well, and none should neglect to attain this power, for an ambidexterous surgeon possesses a great advantage as an operator. An ordinary degree of expertness is within the reach of any one who will indus­triously seek for and improve the opportunities for its ac­quirement ; but yet a certain combination of natural quali­fications is undoubtedly necessary to the attainment of pre­eminence in operative surgery ; for a great operator in one respect resembles a great poet,—“ nascitur, non fit.” The importance of these natural gifts did not escape Celsus. “ He must be young, or at most but middle aged,” says he, “ and have a strong steady hand, never subject to tremble. He must be ambidexterous, and of a quick, clear sight. He must be bold, and so far void of pity that he may have in view only the cure of him whom he has taken in hand, and not, in compassion to cries, either make more haste than the case requires, or cut less than is necessary, but do all as if he were not moved by the shrieks of his patient.” The coolness and courage thus inculcated are the most valuable natural gifts of the surgeon ; and it would be well did every patient remember that they are equally important in him­self, for on his steadiness and patience under suffering much of the celerity and success of an operation depends. Ex­pert skill in operation contributes greatly towards perfect self-possession ; for the dexterous surgeon, like an adroit master of the sword, “ will not enter rashly into difficulties, but being engaged from necessity or conviction, will bring himself through with courage.” He who has what is strange­ly termed “ *common* sense,” enjoys another of nature's choicest gifts ; and to no possessor does it prove more valuable than to the surgeon, as by its judicious applica­tion the want of more than one of the prominent qualifi­cations considered as essential to his success may be fully compensated.@@1 But a combination of the natural essentials for an eminent operator, as may readily be imagined, tolls to the lot of only a small number ; and to that gifted few it were well, when circumstances will admit of it, to delegate the performance of the more dangerous and difficult ope­rations. Every surgeon, however, should be ready to un­dertake the greater number of surgical proceedings with­out hesitation or delay ; for though, as we have already stated, operations do not form the most important part of surgery, they still are, and ever must be, inseparable from its successful practice.

Hæmorrhage, the most prominent accompaniment of surgical operation, is now in much better command, both temporarily and permanently, than it used to be, and con­sequently is less dreaded by the surgeon. During the operation, complicated machines, encircling the whole limb—very painful from the great and general pressure, and increasing the loss of blood by swelling the venous torrents and retarding retraction of the minor vessels—are now superseded by the skilful application of the “ educat­ed” and steady hand of an assistant, compressing the trunk of the main artery, and it alone. This change is particu­larly advantageous to amputation, admitting of its perform­ance with greater despatch, less hæmorrhage, and less pain. In more tedious proceedings, the cautious extirpa­tion of tumours, for example, the surgeon commences his incisions where he knows the principal vessels enter the part about to be the scene of operation : they are consequently divided at once ; an active and steady assistant secures their orifices by the pressure of one or more fingers, and the proceedings are completed with comparatively little loss of blood, and without the hinderance of applying ligatures to any arterial branches until all the knife-work has been completed. Sometimes, when the part is unusually vas­

@@@, The ancient Athenians had a law, that no slave or woman should study medicine : probably fearing want of education in the one class, and deficiency of common sense in the other. Perhaps it were well if a similar protection to the practice of the profession were in present force, as was proposed by the late Mr Alexander Wood of this city. In addition to the usual examination for the diploma of surgeon, he tried to establish a jury to determine on the common sense of the candidate, stating as his reason, “ If they have not *that,* I would not give a—for *the rest of* their medical knowledge.”