old as Galen) the ligature was a double thread, *bon fil qui soit en double·,* and he employed a forceps to draw forward the cut end of the vessel to be ligatured. From the time of Ambroise Paré to the time of Lord Lister no great improvement was made. In the middle of last century it was no uncommon thing for the house-surgeon at an operation to hang a leash of waxed threads, silk or flax, through his button-hole, that they might

Fig. 3.—Amputating Saws.

be handy during the operation. Then came Lord Lister’s work on the absorbable ligature; and out of this and much other experimental work has come the present use of the ligature in its utmost perfection—a thread that can be tied, cut short, and left in the depth of the wound, with absolute certainty that the wound may at once be closed from end to end and nothing more will ever be heard of the ligatures left buried in the tissues. The choice of materials for the ligature is wide. Some surgeons prefer catgut, variously prepared; others prefer silk; for certain purposes, as for the obliteration of a vessel not divided but tied in its course for the cure of aneurism, use is made of kangaroo-tendon, or some other animal substance. But what­ever is chosen is made aseptic by boiling, and is guarded vigilantly from contamination on its way from the sterilizer into the body of the patient. The old ligatures were a common cause of suppuration. Therefore the wound was not closed along its whole length, but the ligatures were left long, hanging out of one end of the wound, and from day to day were gently pulled until they came away. Certainly they served thus to drain the wound, but they were themselves a chief cause of the suppuration that required drainage.

Sutures, like ligatures, were a common cause of suppuration in or around the edges of the wound. Therefore, in the hope of avoiding this trouble, they were made of silver wire, which was inconvenient to handle, and gave pain at the time of removal of the sutures. At the present time they are of silkworm-gut, catgut, silk or horsehair; they are made aseptic by boiling, and can be left any number of days without causing suppuration and can then be removed without pain.

Next may come the consideration of surgical dressings. In the days when inflammation and suppuration were almost inevitable, the dressings were usually something very simple, that could be easily and frequently changed—ointment, or wet compresses, to begin with, and poultices when suppuration was established. It is reported of the great Sir William Fergusson that he once told his students, “ You may say what you like, gentlemen, but after all, there’s no better dressing than cold water.” This is not the place to try to tell the long history of the quest after a perfect surgical dressing, and the advance that was begun when Lord Lister invented his carbolic paste. The work was done slowly in the international unity of science during many years. The perfect antiseptic dressing must fulfil many requirements: it must be absorbent, yet not let its medicament be too quickly soaked out of it; and it must be antiseptic, yet not virulent or poisonous. Of the many gauzes now available, that which is chiefly used is one impregnated with a double cyanide of zinc and mercury. Its pleasant amethystine tint has no healing virtue, but is used to distinguish it from other gauzes—carbolized gauze, tinted straw-colour; iodoform gauze, tinted yellow; sublimate, blue; chinosol, green. The chinosol gauze is especially used in ophthalmic surgery; for general surgery the cyanide gauze is chiefly employed. The various preparations of absorbent wool (*i*.*e*. wool that has been freed of its grease, so that it readily takes up moisture) are used not only for outside dressings, but also as sponges at the time of operation, and have to a great extent done away with the use of real sponges. The gauzes in most cases are used not dry, but just wrung out of carbolic lotion, that their anti­septic influence may act at once.

The whole subject of surgical instruments may be considered in more ways than one. It may be well, for the sake of clearing the ground, to take first some of the more common instruments of general surgery, and then to note the working out, in the operations of surgery, of the three great principles—the use of anaesthetics, the use of antiseptic or aseptic methods, and the surgical uses of electricity.

Of the essential instruments that are common to all operations, we may well believe that they have now become, by gradual develop­ment, perfect. Take, for instance, the ordinary surgical needle. In the older forms the eye was slit-shaped, not easily threaded, and the needle was often made of a triangular outline, like a miniature bayonet. At the present time the needles used in general surgery are mostly Hagedorn’s, which have a full-sized round eye, easy for threading, are flat for their whole length and have a fine cutting edge