per cent.) died. According to the writer in the *Medical News* of the above date, the following points should command attention:

1st, To prevent effusion, the lumen of the gut must be temporarily occluded. This may be accomplished by a provisional catgut or silken ligature, but this method is open to the objection of throwing the intestines into folds, which interfere with the proper insertion of the sutures. The occlusion may be effected with a clamp or forceps, or, still better, with the fingers of the assistants.

2nd, If gangrenous, a triangular portion of the mesentery should be removed, and the edges united by suture after the vessels have been ligatured; if sound, it may be ligated in mass. In either case, the mesentery must not be separated from the bowel beyond the points of severance of the latter lest gangrene of the edges of the wound ensue. The gut should be divided at right angles to its axis, unless one end is smaller than the other, when the cut should be made at an acute angle.

3rd, The most important step of the operation is the insertion of the sutures, the material for which should be pure silk soaked in a solution of corrosive sublimate. The safest and most efficient mode of uniting the severed ends of the gut is what is known as the Czerny-Lembert suture. This consists of an inner row of stitches, which are inserted at the distance of one-eighth of an inch from one another, and which include all the coats of the bowel, and an outer row not so close together, each of which includes the serous covering only. If the mucous membrane protrudes too much, it should be cut off on a level with the muscular coat, but the inner stitches should not include it. The accurate approximation of the edges of the wound will be greatly facilitated if the first suture be inserted on the mesenteric side and the second at a point directly opposite. The intestines should be resected only through a sound and undistended portion beyond the seat of infarctions and effusions, as the chief cause of failure is the damaged condition of the gut in the immediate vicinity of the gangrenous portion.

Cases do as well after excision of eight or ten inches of intestine as after excision of two or three inches. Koeberlé