

Ringed forceps are then placed on the lips of the aponeurotic incision, and the peritoneum is incised. This is seized by the same forceps. The field of operation is surrounded with aseptic compresses, large or small as occasion requires. These compresses are introduced into the serous cavity, care being taken to attach to the end of each a hooked forceps.

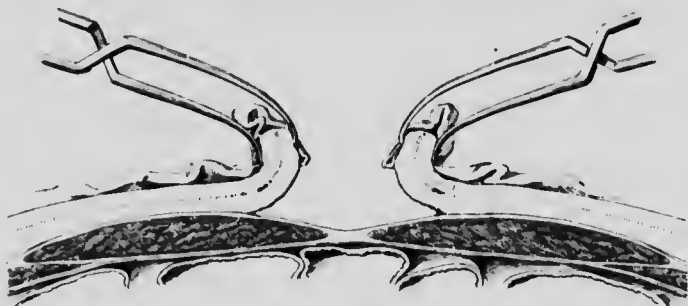


FIG. 3.—SECTION OF THE ABDOMINAL WALL IN THE SUPRA-UMBILICAL REGION WHERE THE WIDTH OF THE LINEA ALBA VARIES FROM 10 TO 15 MILLIMETRES.

The skin and subcutaneous cellular tissue are incised. The aseptic towels are fixed to the edges of the incision with hooked forceps.

Traction never opens the teeth of these forceps; it is therefore impossible to leave a compress in the abdominal cavity of the patient, when they are methodically employed.

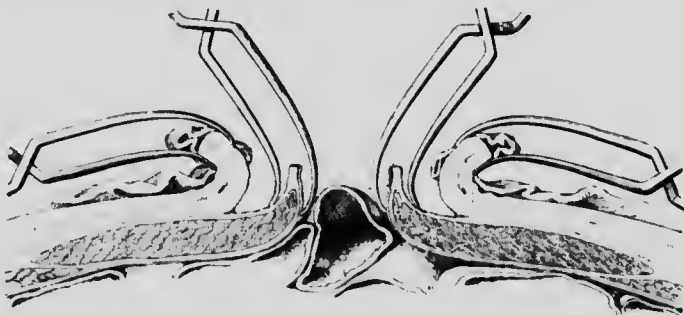


FIG. 4.—SECTION OF THE ABDOMINAL WALL IN THE SUPRA-UMBILICAL REGION WHERE THE WIDTH OF THE LINEA ALBA VARIES FROM 10 TO 15 MILLIMETRES.

The linea alba and the parietal peritoneum are seized with two other hooked forceps which serve as tractors and retractors.

B. Median Subumbilical Incision.

This is the incision generally used in gynaecology. In male subjects it is used to reach tumours in the lower part of the small intestine (which are rare), and for the removal of tumours of the first part of the rectum.