

sive inflammation with agglutination of the bowel around the opening has occurred. If the peritoneum has been involved in an inflammatory process, it disappears in the newly-formed tissue or becomes so fragile that it will not hold stitches sufficiently, unless two or three rows are made. Then the operation is certainly tedious, and much slower than when rings are used, and the surgeon cannot leave his patient with the feeling of security which the rings afford. Of course this objection may be met by excising the denuded portion of bowel, but conservative surgery would certainly not permit such a sacrifice simply as an expression of preference of one method over others.

In the case here presented several inches of bowel were cut off to avoid making the anastomosis where nearly the whole circumference of the organ was bare of peritoneum, and yet at the place of election the Lembert sutures put around the rings gave way at several points, and required reinforcement by a second line. Without the firm support of the rings inside of the Lembert sutures, I would have been loth to drop the bowels into the abdomen, with those weak spots in the seam; but with them, I had no fear of the result. It would have been impossible in this case to have found, on the two feet of bowel which was extricated from the mass, two spaces four and a half inches long with sufficient healthy peritoneum to suture them and hold them together side by side.

The objections which have been urged against Senn's plates and other mechanic supports in lateral anastomosis, upon the ground that they obstruct peristalsis, seem to me to be ill-founded. Lateral union of three or four inches of bowel will, regardless of how it has been produced, interfere with the peristaltic wave, but the interference caused by doubling the bowel upon itself and uniting the folds by six lines of suture would certainly not be increased much by the addition of a flexible splint, and at the worst the increase would be only of temporary duration.

That lateral anastomosis will retard peristalsis was proved to me in an experimental operation I did upon a dog with Abbe's rings soon after he called attention to them. The animal got on comfortably for a year and a half. Then he was taken with symptoms of obstruction of the bowel, with which he died in the course of a week. Examination showed the blind end of the upper section of the bowel, which at the time of the operation was half an inch in length below the opening between the two ends, very much dilated and packed with a hard mass the size of a walnut, composed of hair and other solid matter, which extended above the edge of the opening. The opening had contracted from an original slit one and a half inches in length to an ellipse three-quarters of an inch long. This aperture was larger than necessary to permit the passage of any of the particles which made up the mass, and hence the collection was not due to obstruction, but to arrested peristalsis in the pocket below the opening and consequent deposit and accretion of material there. In this way the mass increased in size until it did obstruct the artificial opening.

The operation with these rings is decidedly easier to perform and can be done in much shorter time than any form of lateral operation. Should I be called upon to use them again, which would be done in any case in which a transverse operation could be performed, and for any reason