

incision about 1 1-2 inches in length is made through the parietal peritoneum and sub-peritoneal tissue as far laterally as can conveniently be reached. With the handle of the scalpel, or a pair of blunt-pointed scissors, a flap consisting of peritoneum and sub-peritoneal areolar tissue, is raised, and the peritoneum again cut through in a longitudinal direction at a point about 1 1-2 inches from the first incision. Thus is raised a flap or strap of peritoneum attached at both ends (Fig. 3, B1, B2). A pair of long-handled forceps is made to pass under this strap and seize a portion of the omentum, taking care to select a part in which there are veins of considerable size. This is now gently drawn through under the strap and held in position by a single catgut suture (Fig. 3, B1, B2). This process is again repeated at a point somewhat nearer the margin of the wound on the right side, and again in two or



FIG. 2.

Showing great distention of abdomen before operation. Girth, 64 inches. Note also the edema of the feet and legs.

three places on the left side. Thus the omentum may be easily and rapidly implanted into the abdominal parietes in four or five places. In addition to these grafts, however, another very large graft should be made into the suspensory ligament of the liver (Fig. 3, D). This may be very easily done by incising the ligament in a longitudinal direction, and drawing a large portion of the flocculent omentum—not necessarily its terminal portion—through this slit, and stitching it in place by one or two catgut sutures. In view of the fact that Talma found a vein as large as the finger in the free border of this ligament, and from my own experience, in my second case cited, I regard this as a very likely route for relieving the portal circulation.

The abdominal wound is then closed without drainage.

*Post-Operative History.*—The patient stood the operation wonderfully well, and recovered from its immediate effects very