

than include it in the suture. From the great care taken by the German surgeons to avoid including the mucous membrane in their sutures, I infer that they hold it to be necessary to approximate freshly pared surfaces at all points. On theoretical grounds, this is precisely the conclusion which one must arrive at, but in the specimens before you, in which no such precautions were taken, the most perfect union has resulted. The only explanation which I can offer for this fact is the following: When each suture is drawn tight, and tied, it cuts through the more yielding mucous membrane, or displaces it, and actually does bring the more resisting muscular and serous coats into more or less accurate apposition. Now when sutures are inserted a 20th or a 30th of an inch apart, or even at less distances, the areas in which the mucous membranes remain in contact are really very narrow, and as the bowel is copiously supplied with blood, and is in all respects so situated as to be in the most favorable condition for healing rapidly, the inflammatory reaction and, probably, plastic exudation which occurs within the first few hours after the operation soon obliterates the mucous membrane at these points, and union occurs by cicatricial tissue just in the same way as between two inflamed pleural or pericardial surfaces.

The foregoing, with other isolated cases reported, to say nothing of the very many well-authenticated cases of sloughing of the bowel from obstruction, and its subsequent passage per rectum often in portions several feet long, show that the tendency to recovery after the loss of intestine is very great. No surgeon hesitates to open the abdominal cavity in these days, and of all abdominal operations, I believe resection of the intestine to be the simplest and easiest, and that it involves less peritoneal irritation than most others, while, under ordinary circumstances, there is no danger whatever of leaving blood or foreign matter in the peritoneal cavity. Gastrotomy is now an established operation, but is necessarily nearly always performed for malignant disease, so that, apart from the greater difficulties in the operation itself, the results are at best only palliative, and the ultimate prognosis most serious.

At the German Medical Congress in 1882, Prof. Billroth stated