

## A WORD ABOUT SUTURES.

I used a through and through interrupted stitch, tying those on the posterior edge inside the opening and those on the anterior outside, taking care to bring the serous surfaces into apposition. The continuous stitch outside these was a Lambert.

Our success or failure in intestinal surgery lies chiefly in our stitching. If we adopt some laborious stitch our operation is apt to be prolonged beyond the patient's power of endurance as mortality is greatly dependent on the length of the operation. On the other hand, there must be no leakage from defective apposition. Much has to be learned in this direction. Lambert's continuous suture for the final closure is I think the best; but I am not at all sure that a simple through and through stitch to first approximate the edges is not preferable to a Czerny-Lambert, or Wolfer. It is quickly applied, and there is no time lost in trying to differentiate the intestinal coats.

Some idea of the size of hole that may be made in the intestinal wall without leakage is gained by the injury inflicted by a Mauser or Lee Metford bullet, many instances of recovery being on record after such lesions. Compare this with a needle puncture and we can imagine how much less the chances of leakage.

Postmortem operations on the intestines are an imperfect guide as to the comparative value of the different methods, as every injury to a living tissue is immediately followed by the exudation of inflammatory material, which at once tends to block the puncture; and, rapidly becoming organized, cements the opposing surfaces. It seems that if the parts can only be kept at rest for a reasonably short time all chance of leakage will have passed. What will be our form of suture, what intestinal layers involved, what care must be taken, and time absorbed in the nicety of our apposition, are all points that time alone will solve. We are on the threshold of intestinal surgery. Czerny, Lambert, Senn, Halstead, Abbe and Maunsell are all pioneers; and, I feel sure, some simple and expeditious method will be evolved which will not only shake the faith of the many advocates of mechanical aids, such as the "Murphy button," but, by our decreased mortality, will enable us with a far greater degree of freedom to perform an exploratory laparotomy at an early stage in gastric and intestinal cases as to the true nature of which our diagnosis remains uncertain.

---