

operation the intestines may escape when the tumor is small, or from straining of the patient should the chloroform be insufficient, or excite vomiting; but the escape of intestines is a rare occurrence when the tumor is large, because the patient has not had capacity sufficient in the stomach to take in enough food to nourish her; she is lean, and the pressure of the tumor has caused the absorption, more or less complete, of the mesenteric and omental fat, so that what with emptiness and absence of adeps, I have seen the intestines remain in the cavity of the abdomen resembling flat ribbons. However, should the intestines escape, suffer no meddling with them, which will injure them more than leaving them outside, untouched by busy hands, until it is time to close the wound. The surgeon ought to do this without assistance, and without touching them, by merely taking hold of each side of the cut as he would the open mouth of a bag, and lifting the loose and flabby parietes up, the intestines will naturally slip in of themselves. Any attempt to restrain their exit during the performance of the operation will be to bruise them, and embarrass the operator.

The next step in the operation—the closure of the abdomen—is a very nice one, to exactly and neatly approximate the edges of the incision. For this purpose four twisted suture pins will be required to transfix and maintain the edges in perfect coaptation. These pins must be at least three inches long, made of brass, copper or iron wire well tinned—copper in the best, as being very pliable and easily bent after insertion to suit the track it lies in. To insert them, pass the steel needle through the skin an inch from the edge of the wound on one side of it, thrust it obliquely inwards until it pierce the peritoneum half a line from its cut edge within the abdomen, again pierce the opposite side in a corresponding way to come out at the same distance as the first entered. Fit the cut edges exactly and neatly together, and with a figure of 8 ligature secure this first pin. Do the same with the three remaining pins at equal distances from each other. This done insert at suitable intervals a sufficient number of common interrupted sutures between the interspaces of the pins. Add long straps of adhesive plaster, and place over the line of cut a strip of old rag moistened with a little blood that can be had by squeezing out the veins of the removed tumor. This blood dressing is the one most congenial to a wound; it soon dries, and retains the parts like a splint, and is easily removed when *quite dry*. Lastly, lay a compress, made of one or two folded napkins on, with a sufficiency of tow to fill up the empty belly to the level of the ribs, so as to press up the liver and support it from hanging too heavily on its ligaments, until the ribs come down. Retain this thick compress by a many-tailed