

The peritoneum of the sac was carefully removed from the skin and the latter was brought together without removing any of its redundancy by a subcutaneous suture. Primary union was obtained throughout without one drop of moisture on the dressing, and the patient has been heard from at intervals during the three years which have elapsed and has never had the slightest discomfort from the large number of buried stitches.

To sum up the paper : 1st. Hernia is a frequent complication of abdominal section. 2nd. When it occurs it prevents other women from undergoing a needed laparotomy. 3rd. It is quite preventable : (a) By leaving in the stitches for one month if the woman is thin enough to allow us to use through and through sutures, or (b) By using non-absorbable buried ligatures when the woman is fat enough to require two layers of sutures. The writer prepares his silk worm gut by placing it in sealed glass tubes and boiling it. A cut with a file is made in the middle and just when it is required for use the tube is snapped across. (c) By discarding the abdominal drainage tube and when drainage is necessary, which it rarely is, draining by the vagina. (d) By securing accurate coaptation of the cut edges by marking the places where the stitches are to go before the incision is made. (e) By taking care that no peritoneum is curved up so as to come between the muscle and fascia. 4th. Hernia is easily cured in small cases with a single buried silk worm gut purse string suture ; and in larger cases by splitting the edges of the ring until the recti muscles are exposed from top to bottom and suturing them with buried silk worm gut. 5th. Patients with buried silk worm gut stitches do not need to stay in bed more than two weeks, and in some cases less ; and they do not need to wear an abdominal belt. 6th. Patients with through and through silk worm gut stitches left in for a month can in case of necessity go home in twelve or fifteen days and return at the end of four weeks to have their stitches removed. They do not need to wear a supporter until the stitches are removed, and even then it is much less necessary than in patients whose stitches have been removed too early.