those improvised as suggested by Maunsell from a safety pin and a sponge, as shown in Fig 1.

The general peritoneal cavity is shut off by flat sponges which have been rendered sterile and wrung out in hot saline solution, and the exposed portion of the bowel should be protected by the same means. The portion of the intestine to be removed is excised by means of a V-shaped incision having its apex in the mesentery and its lateral borders on either side of the diseased point.

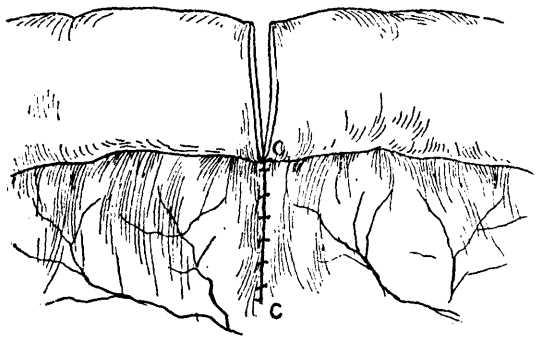

FIG. 3—*c c* incision in mesentery united by continuous suture.

The mesenteric vessels are ligated before being cut by passing a needle armed with catgut around them, and tying it as suggested by Halsted; or they can be picked up and ligated as they are divided. The wound in the mesentery is closed by means of a continuous or interrupted suture, as seen in Fig 3.

After the divided ends of the intestine have been carefully washed with a hot saline solution, followed by a small quanity of a fifteen-volume solution of hydrogen dioxide, the proximal and distal ends are united primarily by means of two temporary sutures which are passed through all the intestinal coats, are tied, and the ends left long. The first suture is placed at the inferior or mesenteric border, and is passed in such a manner as to include a portion of mesentery on both sides, as is shown in Fig. 4, and the second is placed directly opposite at the highest point at the superior border.

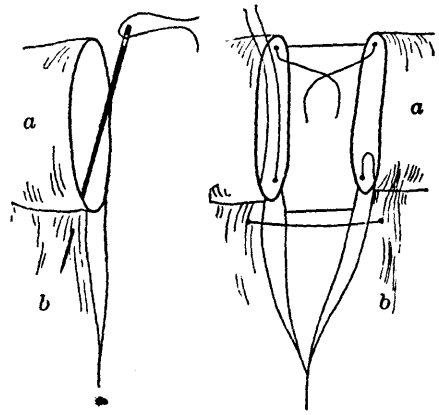

FIG. 4—*a a*, segments of bowel; *b b*, segments of mesentery.

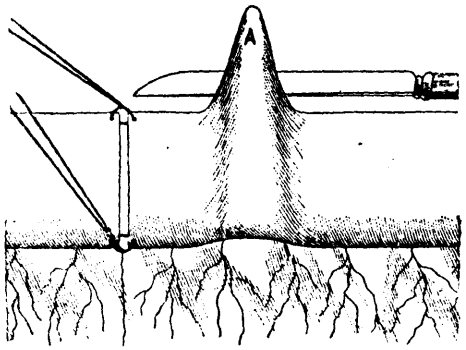

FIG. 5—A shows the point of longitudinal incision made in the superior border of the larger intestinal segments.

A longitudinal incision, an inch and a half long, is next made in the superior border of the larger intestinal segment, two inches from its severed end, by pinching up the intestinal coats between the finger and thumb, and dividing them with a narrow-bladed knife (shown in Fig. 5).

Through this opening a forceps is passed, and the long ends of the temporary sutures are caught up and drawn back through the opening.

By now drawing on these sutures, the ends of both segments of the bowel are invaginated and

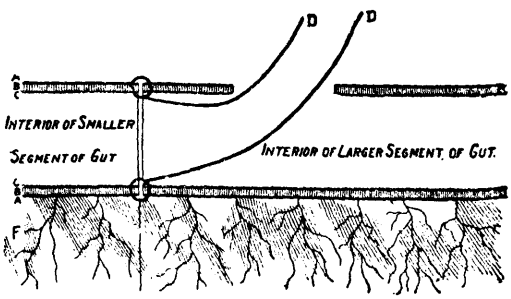

FIG. 6—Longitudinal section of gut, showing A A, peritoneal coat; B B, muscular coat; *c c* mucous coat; D D, temporary sutures passed into the bowel and out through the longitudinal made in the larger intestinal segment; F, mesentery.

made to appear through the longitudinal incision as concentric rings. Figs. 7 and 8 show this to have been accomplished, and the peritoneal surfaces are seen to be in contract on all sides.

The ends of the long temporary sutures previously alluded to are held by an assistant while a fine, straight needle (milliner's No 6.), armed with a strand of horsehair, is passed through all the coats of the bowel and through both sides about a