ments. The ileum is clamped with two pairs of forceps one inch apart, and the intestine divided between them. The contents of the intestine are carefully wiped out with pieces of gauze; the forceps attached to the open end of the ileum is packed around with gauze, and pulled out of the way at the lower angle of the wound. The forceps attached to the intestine containing the growth is left attached until the operation is completed; it serves to prevent leakage from the interior of the cæcum.

When the tumour has been rendered free, the mesentery is ligatured off, removing a triangular-shaped piece; the ileo-colic vessels are included in these ligatures. To avoid hemorrhage into the field of the operation, the portion of mesentery removed and attached to the cæcum is clamped with forceps as I go along. Having isolated the portion of the intestine to be removed, I clamp the ascending colon with two pairs of clamp forceps, and divide between them. If there are any enlarged glands they can readily be removed.

After the tumour is taken away, the portions of a Murphy's button are secured in the ends of the divided intestine; the edges of the V-shaped portion of the mesentery are brought together, taking great care to bring the mesentery at its insertion into the intestine on both sides into exact apposition. The two portions of the button are brought together and pressed home, and if necessary a new supporting Lembert suture applied around the button. The intestine is replaced in the iliac fossa and a small drain placed on each side of the point of anastomosis in the intestine and brought up through the centre of the wound. These drains are not removed for four or five days, so that, should any leakage take place, a track shall have time to form.

The edges of the incision are brought together with silk worm gut sutures, passed through all the structures included in the edges of the wound.

In two of the cases a fæcal-stained fluid escaped at the site of the drains; in both cases it lasted for a few days, the wound closing without any interference being necessary.

Several methods have been adopted for performing this operation, but the method I have here briefly described seems to me as simple and as satisfactory as any of them.

The Murphy button is quickly applied, and saves a lot of time that would otherwise be taken up in tedious sewing. The second-sized button is the one I have always used, and find no difficulty in securing it in the end of the colon without decreasing the size of the colon.

When there has been obstruction, the small intestine is distended and the colon collapsed. This may acount for the possibility of being able to apply the button in this situation.