and the surgeon who is not possessed of the necessary skill to unite the ends of the intestine by suture, is certainly not fitted to undertake any such operation by any method. In my experience the most difficult part of such operations, and the part which most requires surgical skill, is that which is preliminary to the intestinal co-aptation. Again the button may be used, (as in my second operation), deep down in the pelvis where accurate union by suture would be almost impossible.

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The great want of intestinal surgery at the present time is a suitable clamp, a clamp which will occlude the lumen of the bowel, without too much pressure upon its delicate walls, and without exercising pressure upon the arterial supply at the mesenteric border. Dr. Murphy's ingenious contrivance to exercise a uniform spring pressure gives, I think, a clue which may be utilized to effect this purpose, -I mean to produce a clamp to be locked like an ordinary artery forceps (Péan), with smooth blades capable of being armed with rubber tubing, and upon a spinal spring which will make the pressure indirect rather than direct uniform and capable of regulation. 1 know of no clamp at present in use which is not open to serious objection. The use of rubber tubing is, perhaps open to less objection than any other device, but it is not by any means satisfactory. As it surrounds the bowel, the wall must be puckered considerably in order to occlude the canal-especially in the large intestine-hence more pressure is required than should be necessary if applied so as to evenly appose the inner surfaces. It also cuts off the circulation for a time completely, and the proper regulation of the degree of pressure is extremely difficult. If one could always have the ideal assistant, I believe that the best clamp is the thumb and forefinger, but a serious objection to this is, that at best, the assistant's hands are greatly in the way of the operator, and worse still, there is the constant danger that by relaxing or moving his fingers the contents of the bowel may be allowed to escape and prove disastrous to the operation.