

stitches were put very close to one another. The gap made in the mesentery was also brought together by suture. A faecal fistula, which communicated with the peritoneum, was closed by freshening its edges and bringing them together with catgut. There was a good deal of hemorrhage from the cut end of the intestine and mesentery, but the stitching completely arrested it. The abdomen and foetal cavity were then sponged out, and a gutta-percha drainage-tube introduced into the wound, to the bottom of the foetal sac, and retained by deep sutures. The abdominal wound was stitched in the usual way. For some days the patient was very ill, faecal matter coming away by the side of the tube, but after a time improvement set in. The bowels from the first moved rather frequently. By the 30th day the drainage-tube was removed, and from that time everything went well. The patient made a perfect recovery.

Prof. S. D. Gross, in a paper read before the late meeting of the American Surgical Association (*Med. News*, May 3, 1884) on *Wounds of the Intestines*, remarked that the first foundation of a rational treatment of lesions of this kind was laid in this country in 1805 by Dr. Thos. Smith of St. Croix. His experiments, twelve in number, were performed on dogs. In 1812, Benj. Travers published a treatise entitled, *An Inquiry into the Process of Nature in Repairing Injuries of the Intestines*. His researches were more especially directed to the elucidation of penetrating wounds, and to the proper management of the bowel in strangulated hernia. Mr. Travers availed himself largely of experiments on dogs. After Mr. Travers, French surgeons gave much attention to this subject, and performed numerous experiments on the lower animals; among these surgeons were Amussat, Jobert, Lambert, Gély and Choisy. In 1843, Prof. Gross himself published an elaborate treatise on the subject, founding his conclusions on a series of seventy experiments performed on dogs. The author of the paper goes on to say that the diagnosis of wounds of the intestines is a matter of primary consideration. If the bowel has escaped through the wound, it will be easy to find the injured part by the egress of some of its contents, and so, also, when there is a