

after the stitches are removed the patients should be carefully dieted, so as to keep the intra-abdominal pressure to a minimum, as hernia can hardly fail to follow the so early removal of the stitches while the uniting material is soft and extensible.

In order to obtain primary union and to avoid stitch hole abscesses two things are desirable: first, not to bruise the edges of the incision by putting powerful clamps on every oozing spot, until, as the writer has seen, as many as a dozen of them are crushing the tissues. Large vessels should be tied individually with fine catgut, while finer ones should be immediately twisted. Oozing can be stopped by the pressure of very hot sponges.

2nd. The silk worm should not be tied so tightly as to cut or strangulate the tissues; such force is quite unnecessary; it only requires that the recti muscles which naturally fall together should be held there by a very moderately tight circle of silk worm gut. The writer has devised two little improvements in technique in order to insure that the margins of the incision will not be distorted by introducing the sutures at unequal distances on the two sides. First, a rubber stamp having a straight line in the centre and a scale on each side marked off into centimetres from one to thirty is sterilized by heat, and just before the operation and after the abdomen has been washed up, it is stamped from the pubis to above the umbilicus in the middle line. When we come to close the incision we have only to introduce the needle at one number on one side and bring it out at the corresponding number on the other side, in order to obtain a very accurate approximation. We are greatly facilitated and expedited by hooking up the top of the incision and raising the whole abdominal wall away from the bowels, and at the same time keeping them on the stretch. With a sharp Poean needle mounted on a handle we can pass the sutures through almost quicker than an assistant can thread them. From four to six stitches can thus be passed in a minute, a great saving of time on some other methods, and it makes a much neater result. Of course the Trendelenburg posture is a great help in doing this quick work, because it keeps the bowels out of the way of the needle. How the wound is dressed has little if