

place where nature intended the stomach to empty itself and it is usually good surgery to keep as close to Nature as possible.

Instead of using the elastic ligature as recommended by McGraw, I have been using strong silk ligatures with perfect results. There is no doubt a silk ligature can be drawn tightly enough to strangulate the tissues and that is all that is required. Nature proceeds to remove the crushed stomach and bowel wall and an opening results. Should there be any doubt as to the sufficiency of the crushing power, two ligatures may be used, each embracing one half the tissue to be dealt with, and, by so doing, an opening will result sooner which is often a matter of importance. Should it be feared that an opening made in the manner described is not of sufficient size, a square or triangular fenestrum can be obtained by putting in ligatures so as to surround and cut off the blood supply of as such tissue as may be judged sufficient, but usually a single ligature is all that is required.

Care is necessary in selecting the knuckle of jejunum which is to be applied to the stomach wall, and it should never be chosen hap-hazard; for cases have occurred where the lower part of the ileum within a short distance of the ileocaecal valve has been attached to the stomach and the whole small intestine short circuited. The proper portion of the jejunum to be attached is about 18 or 20 inches from the duodenum.

Since the advent of the McGraw ligature I no longer use the Murphy button, Senn's plates, or any other appliance or method, the ligature being superior in every respect save only that an immediate opening is not secured; but, on the other hand, no foreign substance that can cause future trouble is left in the body; no viscus is opened and, therefore, the danger of sepsis is greatly lessened and the operation can be done more rapidly.

I am inclined to think that it is immaterial whether the ligature is passed longitudinally or transversely in the bowel, but it is better to join the limbs by a lateral anastomosis.

As this operation is a type of all intra-abdominal work, in so far as general technique is concerned, I might here indicate the methods we follow: I use no antiseptic solutions of any kind, unless sterile saline be so designated; because I believe that chemical antiseptics are injurious to normal tissues, especially when used in sufficient strength to be of any value as germicides. Tissues injured by corrosive poisons are not in a condition to resist the invasion of pathogenic germs, nor are they in a state favorable for the normal processes of repair. In preparing my hands, I use soap with hot running water and at least six sterile brushes, but do not use any of the so-called antiseptics and always devote forty or fifty minutes to the work. I insist upon my assistants carrying out the same cleansing process, each finger and especially each nail being