

(less three days) after resection of the bowel, I killed him by pithing. The body was well nourished—in fact, quite fat—and there were no adhesions in the peritoneal cavity. The organs were all healthy and the bowel perfectly united.

CASE III.—A healthy, well-nourished mongrel bitch; 12½ inches of intestine were removed in the usual way on the 30th of March, and the ends of the bowel united as in Case II. A similar stool was passed on the third day. There was slight elevation of temperature for two or three days, but otherwise the dog was perfectly well after the first 24 hours. She took milk greedily, was playful and active, and never had a bad symptom throughout. On the 20th of April, I gave her ether and cut one of her costal cartilages subcutaneously to observe the process of repair in it. On the 29th of May, two months after the first operation, I gave her ether and bled her to death by cutting the femoral artery across. At the autopsy, the body was found to be well-nourished, all the organs healthy, no adhesions in the peritoneal cavity, and the union of the bowel perfect. There was no union of the costal cartilage.

CASE IV.—A bright, active, young fox-terrier; six inches of small intestine were removed on the 3rd of April. The ends of the bowel were united with twelve interrupted and a continuous catgut suture. The abdominal sutures were removed on the fifth day, when he was apparently perfectly well in every respect. He continued well, and grew fat, until the 22nd, when he had a chill, and became feverish. Symptoms of “distemper” came on, and he grew gradually weaker from day to day, and died on the 18th of May, 45 days after the operation. There was slight prolapse of the omentum after removing the abdominal sutures, but it required no treatment. At the autopsy, all the organs were found to be healthy, and the union of the bowel complete and without adhesions.

It will be observed that in this specimen there is at one place a deficiency, or rather an absence, of mucous membrane. This is due to the fact that in this case I tried to include in my sutures only the peritoneal and muscular coats when uniting the ends of the gut. I found it so difficult, however, that after doing a small