with a pair of wire nippers, a small disinfected cork placed on the end, and the scrotum covered with gauze. The patient will now be placed in bed, where he will remain for a couple of days, after which he can get up and move about his room. At the end of eight days the pin will be pulled out, when the loop can be very easily withdrawn. This plan has advantages over any other in which the ligature is removed subsequent to the operation, for the moment the pin is taken out the knot is freed, and the thread is easily withdrawn. Considerable hardness remains for some time at the seat of the ligature, which is the cause of some solicitude to the patient, but it soon disappears completely in cases in which the thread has been removed; but often it is slow of disappearance when the thread is left in, as by the method first adopted by me to-night. In the case of nervous, anxious, inquiring subjects, I yet prefer the pin-and-thread method, for it saves explanations and increases the confidence of the patient.—*Internat. Med. Magazine.*

CARCINOMA OF THE SIGMOID FLEXURE, INTUSSUSCEPTION, AND INTESTINAL OBSTRUCTION: OPERATION, REDUCTION OF THE INTUSSUSCEPTION AND RESECTION OF INTESTINE: RECOVERY.*

BY FRANK HARTLEY, M.D.

J.S., domestic, aged thirty-two years, Norway, single. Admitted to the New York Cancer Hospital, March 27, 1892.

Condition: Anæmic, emaciated. Her previous health has been good. Menstruation regular. Her family history is not known to her. Her present trouble began with diarrhœa on March 1, 1892, at which time and subsequently to it she lost a considerable quantity of blood. She has had severe attacks of pain in the abdomen up to the present time, with an absolute constipation during the past week.

March 27th: Examination without ether revealed a large tumor within the rectum, easily movable, and suggesting a carcinoma with intussusception.

28th: Under ether the diagnosis was confirmed by bringing the tumor through the anus. It was found to be a large sloughy mass, hard at its base, completely surrounding the intestine, and with a lumen in its centre admitting with difficulty the forefinger.

This was thoroughly disinfected with bichloride-of-mercury solution (1 to 1,000), and dusted with iodoform powder.

Iodoform gauze was then carefully packed around and into all crevices in the tumor. The mass was then reduced within the anus.

30th—Operation: Trendelenburg's posture. Median incision eight inches in length. Small intestine removed to the abdomen from the pelvis. The tumor was found to be within the rectum, and surrounded by a double invagination or intussusception. The outer or second intussusception was reduced with slight difficulty. This, however, did not allow the tumor to be brought into the abdomen proper. With a partial reduction of the first intussusception, however, it could be brought above the iliac fossa.

Considering the condition of affairs—a tumor within the gut with an intussusception—the natural method of operation seemed to be that recommended by Mounsell, of Melbourne, Australia, for in this way the sloughy mass could be reached, cut loose, and delivered without any possible contamination of the peritoneal cavity. Consequently, a long incision three inches in length was made over the lower segment entering the intestine; intussuscipiens, the tumor, and intussusceptum were delivered through this opening after protecting the mass with additional gauze.

The intussusceptum was then divided transversely a little below its neck. The divided ends were held in position until the arteries in the mesenteric border were securely ligated. Silk sutures were then passed through all coats of the intestine as they were held in position, according to Mounsell's recommendation, and tied.

One or two catgut ligatures were placed in the mucous membrane alone where it gaped. The fold was then reduced, and a Lembert suture was carried around the intestine above the larger and deeper sutures. After this the longitudinal incision in the lower segment was sutured by a few stitches of silk in the mucous

*Read before the New York Surgical Society.