

and then, with the finger in the opening, the bowel was dissected from the surrounding cicatricial tissue ; this necessitated a section of the abdominal muscles from the external abdominal ring outwards for about four inches. The cicatricial margin of the opening was then trimmed off, and the opening was found to involve about four-fifths of the calibre of the bowel. The edges of this wound were then approximated, but as one side was the small, and the other the large intestine, the edges would not lie smoothly. To obviate this difficulty, a longitudinal cut was made in the small intestine, forming an oval-shaped wound, which could be approximated accurately to the cut edge of the large intestine. The wound was then sewn up with silk sutures as follows: "The needle was entered about half an inch from the wound, penetrating the peritoneal layer, then traversing the muscular layer of the gut, and emerging one-eighth of an inch from the margin of the wound, having left the mucous layer untouched. The needle was then entered at the opposite side of the wound in a corresponding manner, traversing the middle layer, and emerging about half an inch from the wound. Ten sutures were introduced in this way. When these were drawn tight, they rolled in the free margin of the wound, thus bringing two serous surfaces in contact, and turning the cut edge into the interior of the bowel." The intestine was then replaced in the abdominal cavity after additional silk sutures had been placed between the previous ones. The abdominal opening was now brought together with silver wire, the sutures passing through the peritoneum and fascia of the deeper muscles, but not the skin ; the skin was united separately by silk sutures, a large-sized drainage-tube having previously been inserted into the cavity of the abdomen. The wound was dressed after Lister's method, and the operation was performed under the spray. The patient did well, and, with the exception of some high temperatures a couple of weeks after the operation, due to a small collection of pus about the wound, was quite convalescent when the paper was read.

At a recent meeting of the London Clinical Society, held May 9th, Mr. Clutton related a case of *Intestinal Obstruction successfully treated by Operation*. (*Lancet*, May 17th, 1884.)