

in a manner to insure its asepticity, its lumen being previously emptied and cleansed. Hydrogen peroxide was then introduced in either direction through the opening left by the unclosed omphalo-enteric duct for the double purpose of demonstrating the patency of the intestinal canal and for securing cleanliness of parts to be involved in further procedures. (The hydrogen peroxide also serves as a ready test for the security of the stitch line when compression is removed from the gut). The bowel was again irrigated with hot normal-salt solution, my associate maintaining closure of the gut by digital compression at the proper distance on either side of the orifice. The opening was closed by Lembert sutures of sterilised horse hair, a material which for two years we have used in enterorrhaphy to the exclusion of all else, and with the happiest results. The mesentery was held up against the light, and by the exercise of alternate pressure and relaxation on its vessels, the integrity of the circulation in this important structure was shown. Again cleansing the extruded parts, the opening in the abdominal wall was incised in an upward and a downward direction and the repaired bowel was returned to the peritoneal cavity. The latter was washed out with 15-vol. solution of hydrogen peroxide (something experience has taught us *not* to hesitate to do) the margins of the defect in the abdominal wall were freshened and incisions united with through-and-through silkworm-gut sutures, without drainage. The usual aseptic dressing was applied, the baby rolled in a hot blanket and put to bed, having borne the operation well and suffering no after-shock.

Nov. 20.—No movement of the bowels; no urination; no evidence of pain; no rigidity; vomiting not in excess of expectations and not of a character to excite anxiety.

Nov. 21.—A M.—Patient passed the night in comfort, volunteering no obtrusive manifestation of dissatisfaction with the situation. Spontaneous urination and defaecation reported by nurse. Vomiting subsiding; no tympanites; no rigidity; pulse and temperature undisturbed; *facies* normal and composed.

P.M.—Two copious movements; free diuresis; vomits only after the breast; general condition satisfactory.

Nov. 22.—Bowels have moved twice. Progressing favourably.

Nov. 23.—No unfavourable symptoms. Abundant evacuations.

The stereotyped phrase, "the recovery was uneventful," applies to the further progress of the case. The dressings were changed on the 26th, when the wound was found healed throughout. On the twenty-second day the sutures were removed and the patient, although destitute of a navel, continues to grow at a rate which promises development into a sturdy youth.