enough to introduce one finger, the bladder can surely be avoided, because one finger will act as a director on which the blade of the scissors can be passed, and the incision can be extended downwards as far as necessary or as may be safe.

A great deal of stress used to be laid upon the importance of finding the linea alba and of opening the abdomen exactly in the middle line. I have seen hundreds of precious seconds wasted in this search, which, even when successful, in no way increases the success of the operation. Indeed, it is probable that union is much firmer and more rapid when the knife goes cleanly through the rectus muscle. Care should be taken to cut through the peritoneum on a director, introduced through a tiny hole, which hole is made while the peritoneum is lifted up by the forceps on either side. I have seen some of the world's greatest surgeons cut through the intestine while opening the peritoneum, and I would have done the same thing several times in cases in which the intestines were glued to the abdominal wall, had I not taken the precaution of opening the peritoneum on a director. We now have it in our power to have mural abscesses or to obtain union by first intention, according to whether we employ pressure forceps to arrest hemorrhage from the abdominal incision, or whether we content ourselves with arresting hemorrhage by means of very hot compresses. If the vessels are large enough to spout, it is much better to cut them completely across and then to twist each end with a torsion forceps. I think this is much preferable to tying them, as the absorption of the catgut is so much unnecessary work for the phagosytes to perform. While infection of the wound will cause mural abscesses and stitch abscesses to follow, I believe they are most often due, in these days of rigorous aseptic precautions, to bruising of the structures, especially the delicate cellular tissue, with powerful pressure forceps, which are left on sometimes for a quarter of an hour or more; while stitch abscesses are more often due to sloughing, from too tightly tying the sutures. Some operators attribute mural abscesses to carrying infection from the upper layers of the skin into the deeper layers by means of the suture; and they therefore take all sorts of precautions to avoid this. In my last ten sections I have had union absolutely by first intention, with the exception of the drainage tube hole, which, of course, closed up by granulation; but even at that place there has hardly been more than one drop or two of moisture.

The next precaution for the prevention of sepsis is the keeping of the peritoneal cavity clean, or the cleaning of it if soiled. Some of the most rapidly fatal cases of septic peritonitis have been caused by the escape of a few drops of pus from an ovarian abscess. Some have even recommended the aspiration of pus tubes or ovarian abscesses in order to diminish this risk by rupture during removal. I have little fear of this, however, as I have over and over again ruptured the most