with 1 to 1000 sublimate, and then tightly packed with iodoform gauze.

The integument about the femoral canal was washed thoroughly with soap and warm water, cleanly shaved, washed with ether, and finally with 1 to 1000 sublimate solution. Towels wrung out of hot sublimate solution (1 to 3000) were laid over that portion of the body near the groin, leaving only a spot exposed measuring six by four inches.

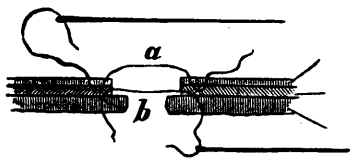

FIG. 2.—Schematic. *a*, Lembert's, and *b*, Czerny's sutures.

An incision four inches in length was made parallel with the outer border of the rectus muscle, the lower end being over the *femoral ring*. All bleeding was arrested, so that before the peritoneum was opened the wound was absolutely dry. Juniperized catgut ligatures were employed. Great care was observed to keep to the inner side of and away from the epigastric vessels, which were exposed in the dissection. The parietal layer of the peritoneum was picked up with a fine forceps, opened, and further divided upon the finger as a director.

Upon looking into the abdominal cavity, one or two loops of normal small intestine were seen, and upon displacing these upward, a third loop was seen to be imprisoned in the femoral opening. That part of this loop above the constriction was slightly distended, while the part on the side nearest the rectum was contracted until it was about two-thirds of the diameter of the upper segment. The obstruction of the intestinal canal at the ring was complete. A soft flat sponge taken from a warm Thiersch solution (boric acid, gr. iv ; salicylic acid, gr. j ; water, ℥ j) was placed beneath the imprisoned loop in such a manner that it held the loose loops of small intestine back, and was ready to receive any foreign matter which might escape from the gut when it was divided.

Two long-jawed scissors-forceps (used as clamps) were then placed so as close the loop of gut which was caught in the ring. One of these rested against the inner surface of the ring and the other only sufficiently removed from this to permit of a division of the intestine between the forceps.

As soon as this was effected, the loose end, with one pair of forceps attached, was brought out through the abdominal wound and placed in a warm Thiersch towel. As the forceps which constricted the ring of gut attached to the femoral canal was removed, a tuft of sponge was tightly packed into this ring to prevent any infection from the abscess with which it communicated.

Of the loop which had been liberated, about ten inches (five above and below the point of occlusion) were drawn out of the abdomen, flat Thiersch sponges carefully placed so as to close the wound and prevent any escape of matter into the peritoneal cavity, and the exposed gut protected by covering with warm towels. A piece of cotton tape one-fourth of an inch wide was then tied four inches above and below the limits of the gangrenous opening, so as to completely occlude the lumen of the gut (*d d*, Fig. 1). These tapes had been well soaked in a 1 to 3000 sublimate solution. When the forceps-clamp was removed, the opening into the intestine was seen to occupy two-thirds of the circumference of the canal. The gut was then cut across at a right angle to its axis by a single stroke with the straight scissors (*a b*, Fig. 1). These lines of section were well out in sound tissue. The piece of intestine removed measured two inches and a half. A triangular piece of the mesentery was also removed (*b c b*, Fig. 1).

The bleeding from the mesentery was profuse, requiring a dozen catgut ligatures. From the ends of the intestine only a slight oozing occurred. The cavity of the gut from the tapes to the openings was carefully emptied of all matter and

FIG. 3.—Schematic. Shewing the inversion of the peri toneal layer by tying Lambert's suture, and of the mucous membrane by Czerny's suture.

washed out with Thiersch's solution. Nothing escaped from the lower end.

The edges of the divided mesentery were first united by eight interrupted catgut sutures, about one-fourth of an inch distant from each other. When the intestine was reached, the mesenteric attachment of each end was carefully brought into apposition and the work of stitching the ends of the cylinders to each other begun.

In doing this, three forms of suture were em-