

and make continuous the intima of one blood vessel with that of the other.

The instruments required for making this anastomosis comprise a specially prepared canula, scalpel, scissors, blunt dissector, very fine mosquito hemostatic forceps, special forceps for compressing the blood vessels, fine linen thread and a needle for closing the skin at the conclusion. This canula is made in various sizes to accommodate the various sized vessels which may be brought into use. The kind I prefer is simply a straight steel barrel about one inch in length. On one end there is a small handle at right angles to the barrel, which may be readily grasped by a pair of hemostats, and dividing this barrel into thirds are two grooves.

The donor and recipient are placed on separate tables so that their left arms may lie closely together on a table intermediately placed. Experience has proved that in the majority of cases it is best to open the radial artery of the donor, and the median basilic vein of the recipient. When these vessels have been dissected free from their surrounding structures, a ligature is thrown around each and tied securely. A pair of arterial compression forceps is now applied a short distance proximal to each ligature, care being exercised to bring the pressure only to the point where the flow is checked, and not exerted beyond this for fear of injuring the vessel walls. The artery and the vein are now each divided between the forceps and the ligature, and the distal end of each, containing the ligature, dropped back into the wound.

The handle of the canula is now grasped by a pair of hemostats, a ligature passed through the end of the vein, this ligature then drawn through the lumen of the canula, and by means of traction on it, the vein drawn through also, so that it projects slightly beyond. The vein is now turned inside out backward over the end of the canula,