

CORRESPONDENCE.

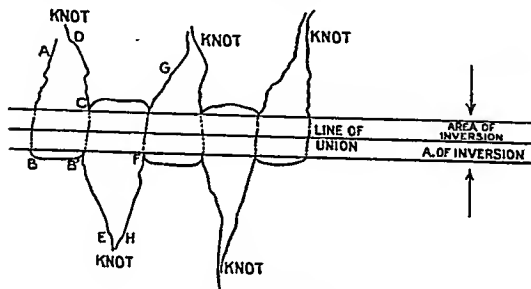
I. AN INTERLOCKING SUTURE.

EDITOR ANNALS OF SURGERY:

Permit me to report a suture similar to the one described by Dr. Turck in the ANNALS OF SURGERY for December, 1908. This was devised and used by me, and if it has been used by others I am not aware of it.

A needle is used with two eyes placed near together at the end. One eye, No. 1, is threaded with suture A, and the needle is

FIG. 1.



An interlocking suture.

passed through the two edges to be brought together, in the Lembert fashion, and out at B (see Fig. 1). Here eye No. 2 is threaded with another suture, and the two are carried back by the needle through the tissues as before, emerging at C. Unthread eye No. 1, and we have the free suture end D, and also E that was left behind (long). Now rethread eye No. 1 with a new suture and pass the two again through the tissues to F, leaving behind as before the free end G. Unthread eye No. 2, leaving H free. Proceed thus to the end of the suture line.

Before tying A to D and E to H, etc., see that D has been passed from within outward, beneath the loop at C, and the same for E at B'. This insures usually the locking of the sutures (all being so passed) and prevents strain on and opening of the stitch holes.

The same advantages are claimed for this as for other kinds of interlocking sutures, with the additional ones of simplicity and easy application, and the important fact of about half as many needle holes made. In the above-mentioned article (of Dr. Turck) the locking sutures are close together and the small amount of tissue between may often be strangulated.

This suture that I have attempted to describe is particularly useful in operations on the urinary and gall-bladders, the ureters, gall-ducts, intestines, stomach, etc., where absolute and accurate closure is the first requisite.

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II. HARE-LIP TRACTION ABSORBER.

EDITOR ANNALS OF SURGERY:

In the January number of the ANNALS OF SURGERY, on pages 51 and 55, Dr. Joseph R. Eastman referred to one of my hare-lip appliances in the legend to Fig. 33, opposite page 51, as a "relaxation absorber"; and in the text on page 55, line 4, as a "tension absorber." The device is really a "traction absorber" and should be so characterized.

It is applied immediately after the last suture is made in any hare-lip operation; it is efficient in relieving or absorbing all traction on the sutures; it will hold together the raw edges of the wound without any sutures; the wound is at all times readily accessible for changing dressings or for inspection; it does not in any way interfere with breathing, or with opening or closing the mouth; it is held in place by adhesive plaster remote from the wound; its tension is easily increased.

Very truly,

H. R. ALLEN, M.D.,
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III. TECHNIC OF TYING OFF THE MESENTERY IN DOING A RESECTION OF INTESTINE.

EDITOR ANNALS OF SURGERY:

Having been hampered in point of time and accuracy in placing ligatures in the mesentery during intestinal resection, and deploring the amount of undue handling of the gut and its attachments necessitated by many methods advocated, I have instituted the following mode, which I can recommend as being at once easy of execution and surgically accurate.