

vantage over Epsom salt, in that the latter, after operating, leaves the intestine full of wind, which the Rochelle does not. I was indebted for these two last points to Dr. Jos. Price.

But the worst suffering of all is the dreadful pain. This is a thing which distinguished operators never even mention, and yet it is a thing which is rarely absent, as I have learned on inquiry from the nurses (which I hope I may be forgiven for doing) who told me that the laparotomy cases did suffer terribly for the first few days. It seems very cruel to allow them to suffer so and yet opiates and death are almost synonymous terms in abdominal surgery. In this case bromide of soda and antipyrine each gave some relief.

After going through all the anxieties and sufferings of the operation, the general idea among many is that the patient forever after enjoys robust health. In fact, we sometimes see the record of a case closed in the following words:—"Left the hospital in two weeks, feeling quite well." In my case I could not say this, for she was on my hands for three months afterwards, although if I had closed the report of her case at the end of three weeks I could have said:—"Patient up and walking about her room to-day, feeling better than she has done for years." But a week after that she was taken with very severe pain in the right iliac region and extending down to the thigh, accompanied by a temperature of 103, although during the first three weeks after the operation the temperature had never gone above a hundred. What it was due to I was unable to ascertain, as nothing whatever could be found in the pelvis to explain it. At the time of writing the patient is feeling a little better than she did before the operation, and is slowly gaining strength, being able to walk up town.

I omitted to mention that she menstruated once since the operation, commencing three days afterwards.

Dr. H. C. Coe, of New York, in a very candid paper in the *Record* for April 19, 1890, reports eight cases in which the patient was no better a year after the operation than she was before, and says: "I present the above facts without comment, and could easily double and treble the number of cases. If, with my limited experience, I have observed so considerable a proportion in which laparotomy is not followed by permanent benefit, at least so far as regards the relief of pain, those operators who number their cases by hundreds could, if they would, add much to our knowledge in this direction. Unfortunately, there is a singular reticence on the part of surgeons with regard to the ultimate results of their operations—provided that these are less successful than they expected."

"So far as I am concerned," he says, "whenever this subject is introduced I shall never cease to insist upon the truth, which I have repeatedly demonstrated to my own satisfaction in the examining room, at the operating table, and in the dead house, that recovery from laparotomy is not synonymous with cure." I have laid some stress on this phase of the question, because I think the *couleur de rose* reports of some of the great operators are apt to mislead very young and ambitious surgeons into having recourse to laparotomy without fully realizing the gravity of the operation and the uncertainty of its bringing relief.

This brings me to another phase of the question. Is any and every practitioner morally justified in performing laparotomy? This question was suggested to me by an incident which occurred while I was visiting Dr. Goodel, of Philadelphia. A lady and gentleman came out of his consulting room, and Dr. Goodel saw them out, but the gentleman had only gone a few steps when he returned to ask Dr. Goodel something which he had forgotten. On entering his sanctum again Dr. Goodel told me what had occurred. The lady had arrived that morning from a considerable distance by train to