

recognized very well by those engaged in this work. After abdominal operations adhesions of ileum at line of incision is frequent and often causes much disturbance—perhaps giving more trouble than before. A very little adhesion at line of incision often causes a lot of trouble. Many patients can be relieved provided cause is recognized. Put in Trendelenburg position for some hours, and epsom salts injected in bowels—all cases have been relieved by this method. Tendency of adhesions is to recur. Another plan—brushing surface of endothelium with oil, preventing lymph from exuding—has not found it quite satisfactory. Another—leaving abdominal cavity full of saline solution. This has served a rather clumsy way. Perhaps there is only a small adhesion at cæum—are we to fill abdomen with several quarts of saline solution? Aristol has been mentioned to cover surface—supposed to form a coagulum which prevents recurrence of adhesions. It forms a firm coagulum. This aristol coagulum prevents exudation of lymph. One extensive case mentioned where adhesions removed in different operations—six or seven—almost entire ileum and colon had been freed from adhesions by this method.

Dr. F. P. Taylor mentioned a case diagnosed by two eminent authorities as cystic disease of the kidney. Operation followed, they found simply adhesions of the bowels.

Dr. Jas. Bell, said it seemed to him strange that so few instances occur in which adhesions follow abdominal cases. He was much interested in Dr. Morris' method of treating these cases. Adhesions after operations are not so common as observers think. Probably aristol method is a valuable addition to our knowledge.

Dr. Morris in closing, stated that he agreed with Dr. Bell—that separation of adhesions is often successful because no infection is introduced.

Dr. Jas. McLeod, moved a vote of thanks to Dr. Morris, seconded by Dr. Chisholm and passed.

Dr. Jas. Bell, of Montreal then read his paper on "Interesting Cases in Abdominal Surgery."

Dr. M. Chisholm spoke of Dr. Bell's interesting paper and remarks. He referred to a case of typhoid fever in which abscess of lymphatic glands had developed deep down in abdominal cavity. The only feasible way is to drain through abdominal cavity as Dr. Bell has indicated.