

little effect in this connection. Where the two conjunctival surfaces are bathed with saline yet adhesions are sure to form between abraded surfaces unless we keep passing a probe covered with vaselin across the two opposing surfaces. This of course in the presence of infection, for it is impossible to keep the conjunctival sac aseptic.

WESLEY MILLS, M.D.:—I desire as an experimenter on animals to express my admiration of the patience and perseverance with which Dr. Archibald has carried out this and to rejoice in the enlightenment which it has been successful in producing; and I hope that his paper may lead to others of a similar kind. If such contributions were more frequent a new era could dawn in the history of this Society.

F. W. ENGLAND, M.D.:—Dr. Archibald candidly states that up to the present time he has not been able to find a substance of any material benefit in preventing peritoneal adhesions in the presence of infection. And this is notwithstanding his thorough and most excellent experimental work. Dr. Archibald has given us a definite means of preventing peritoneal adhesions after abdominal operations in aseptic conditions and it is to be hoped that he will continue his good work and at a later date be able to give us a method by means of which we can accomplish much even in dealing with desperate cases of septic peritonitis.

E. W. ARCHIBALD, M.D.:—With regard to gauze, I came to the very settled conviction that its use in the general peritoneal cavity, that is apart from abscess, was quite unjustified, unless one wanted to provoke adhesions; certainly there was nothing more certain to cause them; and I think it is with justice that surgeons now-a-days have come to abandon its use very largely. As to the dry method, the rubbing in of a powder, I used this (iodomol), following Robert Morris, in six cases; adhesions recurred in three, in two the result was indecisive; and in one there was partial success. This I thought negated the claims of Morris in favour of Aristol powder.

As to the leaving of adhesions alone, that is, of course, what one will do, if they are not causing trouble. With regard to the cautery, it is true that, when the actual cautery is used adhesions are very apt not to follow, because where you have necrosis of tissue, union by primary intention is prevented. As to salt solution this was the original substance used to prevent adhesions. It was employed extensively in Germany; but both experimental and clinical observation accumulated to show that it was insufficient, absorption being too rapid. The results proved almost uniformly disappointing. It is true that the early hours are above all important; it is the clotting which it is necessary to prevent. Once surfaces are adherent by the clotting of