

separated, 60 ounces of formalin solution (1 in 2000) were used for irrigating the pelvis, coming freely into contact with the intestines. The fluid was sponged out and drainage was carried out by means of a glass tube.

The tube was kept in position for twenty-four hours, being exhausted several times during that period. At each exhaustion some formalin solution (1 in 2000) was poured into the tube while it was moved up and down and turned around. In this way the track of the tube was made to come into contact with the antiseptic solution. The patient made a good recovery.

CASE III.—Abdominal section for pyosalpinx. The same procedure was carried out as in the last case, except that the formalin solution was left longer in the abdomen before being sponged out. The patient recovered well.

CASE IV.—Abdominal pan-hysterectomy for sarcoma of the uterus. After removal of the uterus the peritoneal cavity was thoroughly washed out with formalin solution (1 in 2500). The fluid was allowed to drain out slowly through the vagina, and the cavity then flushed out with normal saline solution.

During the after-treatment, the iodoform gauze which was placed in the vagina was changed from time to time, and during the first three days, at each change of dressing, I passed a double catheter into the pelvic cavity and irrigated it with formalin solution (1 in 2000). The patient made a good recovery.

CASE V.—Abdominal section for double salpingo-ovaritis. Irrigation of the abdominal cavity was carried out with formalin solution (1 in 2500); some of the lotion was left inside when the abdomen was completely closed. The patient made a good recovery.

CASE VI.—Right parametric abscess pointing above Poupart's ligament. The abscess was opened above Poupart's ligament and the cavity washed out with formalin solution (1 in 500).

During the irrigation the posterior wall of the abscess cavity burst, on account of its extreme thinness.

This was followed by the immediate descent of small intestine into the abscess cavity. This complication was not, however, found out until the irrigation had been continued for several minutes. The irrigation was then stopped and a glass drainage-tube inserted.

At each exhaustion of the tube during the first few days following operation, a little formalin solution (1 in 1000) was introduced so as to come into contact with the drainage track. My anxiety in this case was increased by the presence under the skin of a pocket into which the pus had burrowed; this was, of course, very carefully dressed