

the air or to injury to the peritoneum from over much handling, it is a well-known fact that intestines which have been handled a great deal give a great deal of trouble, and cause a great deal of anxiety afterwards. Although deaths from interference with the functions of the bowels are not so common as those from sepsis or hemorrhage or prolonged anaesthesia, yet quite a few operators have told me that they have lost cases from this cause. Many of them have even re-opened the abdomen several days later, and found the obstruction and saved their patient; but in many other cases the intestines absolutely refused to act. It will generally be found that where the intestines have been subjected to handling, either outside of the abdomen, or even to a great deal of sponging in the abdominal cavity, there will be some tympanitic distension and paralysis afterwards; while if no sponging be employed, and the abdominal cavity cleansed by means of hot water irrigation, the intestines act naturally in a day or two after the operation. This is a strong argument in favor of irrigation instead of sponging, for the cleansing of the peritoneum. Not only is sponging, as I have already said, an inefficient means of removing every particle of aseptic material, but also if some of the water be left to float in, the lymph which exudes out from the raw surfaces is diluted so much that it fails to act as a glue or cement to bind the coils of intestines together. For this reason it seems to me that it would be well in every case to leave a little water in the peritoneum, which is quite able to absorb it, when it is no longer required for this purpose, if it does not flow out, as I have generally found it to do, by the drainage tube. In some desperate cases of abdominal distension, when everything else has failed to relieve the tympanitis, I have been indebted to Professor Skene's prescription, which I think should be generally known, which is as follows: Six or eight grains of quinine dissolved in aromatic sulphuric acid, with about half an ounce of water, with acacia enough to make the mixture bland; is administered by enema. When about to administer it, warm water enough is added to raise the temperature of the mixture to that of the rectum. This, he says, he has found will relieve flatulence if it can be relieved at all, and is at the same time a good way of supporting the patient; in fact, he thinks its action in relieving flatulence is by restoring the tone of the intestine. Rather than allow the patient to die from obstruction of the bowel, we of course must reopen the abdomen. In one case I know of this having been done, and the patient's life saved, the intestine having been found adherent to the abdominal incision. This, of course, could be prevented by drawing the omentum down over the bowels, before closing the incision.

*Other Elements of Success.*—In addition to the elements of success which are necessary for the avoidance of the above four principal causes of death, there are other minor accidents which must be avoided if we wish the cases to be successful. Thus we can hardly call the