

should like to ask Dr. Archibald's opinion in this matter, as to whether, in the light of his experimental work, he considers the empirical use of the salt solution as justified.

WM. GARDNER, M.D.:—In adding my hearty word of appreciation I would like to ask Dr. Archibald if he considered the use of oil in his experiments. Several years ago in watching Martin, then of Berlin, doing a gynecological operation to loosen adhesions, he was in the habit at the conclusion of the operation of passing in a sponge soaked with oil and I should like to know if this had been considered.

C. K. P. HENRY, M.D.:—In connection with Dr. Archibald's control test in animals, the question of following out laparotomies in the human with the possibility of determining a final result is not very often observed. Occasionally one sees a case where an operation had been done at one time for some purulent trouble and later, on opening the abdomen, no adhesions were present. Consequently it seems to me that the use of gelatin as described, at least in the human, will be somewhat problematical for some time to come; the results obtained in animals can hardly be those obtained in the human subject. In a case of appendicitis I had in January, 1903, there was well marked peritonitis of a couple of days standing and at operation a large quantity of pus was removed from both flanks. The peritoneal cavity was irrigated and several drainage tubes were used with large gauze drains. The case recovered completely. In the spring of 1905 the abdomen was again opened. At this time the muscles had become widely separated along the course of the drainage tube. No bowel was found immediately adherent to the scar though the abdomen was not explored to see whether there were adhesions elsewhere. In 1907 the patient again had the abdomen opened in the median line for the extirpation of a large abscess cavity in connection with the right tube and ovary; there had been two attacks of peritonitis with abscess formation in the pouch of Douglas with drainage through the posterior vaginal fornix. At this operation the abdomen was carefully gone over to see if there were any adhesions present from the primary peritonitis. The scar was normal without any adhesion of bowel, the visceral and the parietal peritoneum were found totally unattached at any point. Consequently it can be seen that in many of the cases even where this solution can be used it would be still unjustifiable to conclude that the solution used had been the means of preventing readhesion should one have a chance to reopen the abdomen later find the peritoneum unattached.

G. H. MATHEWSON, M.D.:—As regards the effect of saline in preventing adhesions, ophthalmology has taught us that it has no or very