of water, whether cold or hot, is not devoid of danger. Prolonged baths are the best to obtain a sedative effect. Repeated baths, every two hours, interrupted before the second chill, give the best sedative effects. Watch for the reaction, and aid it by massage; but do not make use of forced exercise before the employment of cold water. When bathing the debilitated always have at hand means to combat the collapse, or other effect of nervous inhibition. Frictions with snow, although acting promptly and vigorously on the calorific centres, are dangerous.-Journal de Méd. de Paris.

How SHALL WE BLISTER? I always use I shall paint a the cantharidal collodion. blister in this instance three by four inches, putting on three or four layers, and then at once put over this a poultice. This is an almost painless way of raising a blister. Ι

Surgery.

SURGERY OF THE PERITONEUM.

A CLINIC DELIVERED AT LA SALPÊTRIÈRE, BY M. TERRILLON.

A very exact knowledge of the inflammatory reactions of the peritoneum in all operations implicating the abdomen is indispensable to the surgeon. Thanks to it he will be sheltered from the terrible accidents which have, until lately, hindered the development of abdominal surgery, and he will learn a useful lesson from the very curious characteristics of the peritoneum.

You all know that the peritoneum has special characteristics, which are, irritability, absorption, inflammation, and finally the facility with which its alterations are reflected upon subjacent organs.

The peritoneum is not sensitive to the touch nor to prickings but the contact of a foreign body provokes the phenomena of irritability which are explained by the presence of nervous corpuscles situated under the epithelium, corpuscles which have been studied, especially in Germany by Auerbach, and in France by Jullien, of Lyons. This exquisite susceptibility explains the shock which follows the great operations of abdominal surgery, that is to say, the sinking, the collapse, the tendency to cooling, and the general depression which results formations.

and Richet injected boiling water and verchloride of iron into the peritoneum of a rabbit-death took place in twenty-four hours-without the slightest trace of inflammation at the autopsy. The cause of death was nervous shock, for if the nerves were first benumbed by morphine or chloral, the shock was much less, and death was slower. Clinically it is a well established fact that subjects whose peritoneum during an operation is in contact with the air and foreign bodies present a most marked tendency to general cooling. Again it is to this irritability of the peritoneum that is attributed the tetanus which sometimes appears from the 8th to the 15th day after the opening of the abdominal cavity. M. Gubler in particular upheld this opinion.

It has been known for a long time that liquids introduced into the peritoneal cavity may be absorbed with the greatest rapidity. In certain cases this absorption is, so to speak, providential for it frees the peritoneum from liquids which in some way play the part of foreign bodies; but on the other hand if the liquid absorbed is septic grave phenomena of poisoning follow. It is not difficult to explain anatomically the absorption which is produced at the surface of the serous cavity. Bichât already guessed that the peritoneum was in communication. with the lymphatic system. Recklinghauand Ranvier discovered absorbent. sen mouths, stomata, at the level of the phrenic. centre; these are microscopical openings limited by a crown of epithelial cells, and communicating with the lymphatic radicles. Thus when a solution of carmine is injected into the peritoneum it is found again in. the lymphatics. It is even probable that this absorption takes place from the entire. surface of the peritoneum and not exclusively from the stomata. In any case its place of election appears to be the phrenic centre and the folds of Douglas.

You will understand, gentlemen, that air may be, just like liquids, absorbed by the peritoneal serous membrane and in fact it is usual that after operations air remains. in the abdominal cavity; this air is ab, sorbed without inconvenience. When blood remains in the peritoneum a clot is formed the liquid portion is absorbed, but the fibrin remains and is absorbed in its turn only after having undergone various trans-Experiments made in. this from such a nervous disturbance. Regnier sense have thrown light upon facts which