

brush and mouth-wash should be used frequently during the day. These precautions are valuable in preventing pneumonia and parotiditis after the operation.

THE CHOICE OF ABDOMINAL INCISION

The ultimate result of an abdominal operation depends a good deal on the wise choice of the most suitable incision.

The *Site of the incision* should be carefully chosen with a view of giving the best approach with the minimum amount of damage. For instance, when the appendix is known to be unusually high and retro-colic the ordinary McBurney incision does not give good access, whereas a similar incision made somewhat higher and further back towards the loin is very satisfactory. In the same way, when the appendix is believed

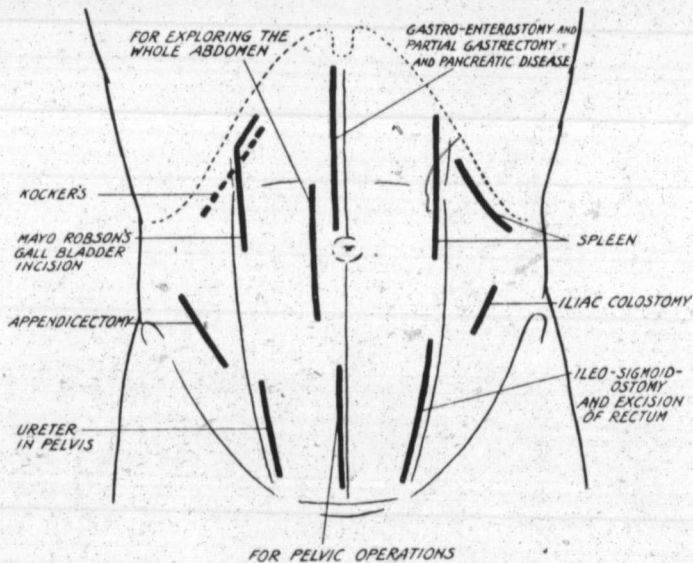


FIG. 1. Abdominal incisions.

to be in the pelvis the incision is made lower down and nearer the middle line with great advantage. In many cases a laparotomy must commence with a general exploration of the abdomen, for in this way only can the cause of symptoms be thoroughly investigated. Under these circumstances the best place for the incision is near the middle line with its centre at the level of the umbilicus. Through an incision about five inches long in this position the whole abdomen can be thoroughly explored, and if necessary for treatment the incision can be enlarged either upwards or downwards without making an unnecessarily large wound.

The *Size of the incision* should be adequate without being excessive, for very large incisions undoubtedly weaken the abdominal wall; but it is a more common and worse mistake to make the incision too small. An inadequate incision makes the operation much more difficult and often leads to imperfect exploration, bruising, and laceration of the edges with unsatisfactory closing and healing of the wound. Moreover it is more difficult to cover and protect the edges of the wound from infection by