

procedure is the preferable one, for the reasons previously stated, as regards the strength of the resulting scar; much less liability to a ventral hernia; shorter time in bed; and the more rapid convalescence, owing to the change to better environment in the majority of cases, as most patients prefer home to hospital surroundings. The after-treatment is to follow the lines of elimination, and thus forestall, if possible, intestinal paresis. With this object in view, in about twenty-four hours, or earlier, if tympanites is present, a high 1, 2, 3 enema (turpentine 1 oz., Mag. Sulph. 2 ozs., glycerine 3 ozs., Aq. to one pint) might be used, after which a rectal-tube is allowed to remain within the sphincters for at least two hours at a time. If the enema is ineffectual, and the stomach will tolerate it, it might be well to administer one drachm of Mag. Sulph. in hot water every two hours until the desired result is secured.

Indiscriminate use of morphia in these cases is to be deprecated, for it masks symptoms, locks the secretions, and helps to induce what we endeavor to obviate, viz., intestinal paresis. Normal saline may be introduced into the rectum, or the cellular tissue and strychnia given if the heart action should indicate it. As soon as the functions of the digestive organs are restored nourishment would naturally be given on general principles.

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