for many years with no trouble from constipation, etc. In some of these cases I had to use the actual cautery to stop the bleeding. I have often wondered whether the filling of the abdomen with hot salt solution, where we have considerable raw surface on the intestines, would not dilute this lymph which is poured out, and whether when diluted sufficiently it would not be absorbed instead of forming the glue which is the cause of adhesions. With regard to gauze I have never used it, always holding that it is followed by considerable irritation. With regard to the omentum seemingly acting as a policeman, I have been surprised at the way the omentum will find out trouble which is going on in the peritoneal cavity, and wall it off. I have seen it winding itself about an appendix, or getting round a tube which was becoming dangerous, and going up to the upper part of the abdomen and fastening itself there. When I have raw surfaces, such for instance as follow the tearing up of the uterus where the tubes and ovaries have been bound down over a large surface in Douglas' cul-de-sac, I put the omentum over the raw surface as well as I can and it adheres over this and the patients do very well.

W. W. CHIPMAN, M.D.:—Dr. Archibald has set us rather an ideal in the way of experimental work. It has been painstaking, thorough and scientific. What has struck me most is his wise and generous use of *control* experiments. It is these controls which make this piece of experimental work especially valuable, for the reason that the results must be in consequence valid. One point I should like to ask Dr. Archibald about is this. We know that peritoneal adhesions re-form rapidly after the abdomen is closed, contiguous, raw surfaces becoming speedily glued together. This glueing together is brought about by the lymph exudate, and occurs more rapidly where this exudate is of high specific gravity, that is, where it contains a great number of leucocytes. Where the exudate is of lower specific gravity there are fewer leucocytes, and accordingly less fibrin ferment. In consequence clotting, and the resultant adhesion of surfaces, must occur much more slowly. It is for this reason, in order to secure the dilution of this plastic lymph, to make it of lower specific gravity, that I have been accustomed to use for the purpose of preventing the formation of peritoneal adhesions, the ordinary normal salt solution. I feel that where the peritoneal cavity is left filled with this solution adhesions are less likely to reform, and this for two reasons. The salt solution as an inert body holds apart neighbouring raw surfaces, prevents them falling together; and again it dilutes the plastic lymph which is thrown out and so makes agglutination and clotting to occur more slowly and imperfectly. I