

rather than by the galvano-cautery, as, in one case in which I had occasion to perform a secondary operation a month later for removal of an abscess in the other ovary, I found that a spot on the intestine, which I had touched with the galvano-cautery in order to arrest the hemorrhage, had become firmly agglutinated to the surrounding coils, from which it was impossible to detach it. We may, I think, dismiss the introduction of astringents, such as perchloride of iron, as in every case in which I have heard of its being employed, the patient died from peritonitis. The pressure with sterilized gauze is safe and seems to have been without any marked bad effects. Undoubtedly, most of the hemorrhage is due to delayed operations, that is to say, operations put off too long, so that we may under the heading of delayed operations include not only most of the cases of deaths from hemorrhage, but also the deaths from prolonged anesthesia, for it is precisely the dealing with adhesions and the arrest of the hemorrhage resulting from the tearing of them that makes the operation prolonged; while, on the other hand, the prolonged anesthesia is itself a very important element in the unfavorable result. We have in the drainage tube a valuable sentinel to warn us of secondary hemorrhage, and for that reason alone I think it is important to continue its use. The objections to it are, of course, that it keeps open an avenue for the introduction of septic germs, and that it leaves a weak spot in the abdominal incision, which is apt to give rise to ventral hernia.

The first of these objections may be dismissed, for with ordinary precautions on the part of the nurse who has charge of the emptying of it, there is very little danger of infection through the tube. As a proof of this, I may state that I have had no death of a section at the Woman's Hospital from sepsis, although most of the abdominal sections were performed in the general operating room, and treated afterwards in the general wards of the hospital, and with equally good results with those treated in special rooms, although most of these cases had drainage tubes for the first day or two. Apart from that, the drainage tube is soon walled in from the rest of the abdominal cavity, as is seen in cases of fecal fistula in which feces may come up through the track of the drainage tube, apparently passing among the intestinal coils without causing any inflammation of the peritoneum. While the objection that the drainage tube gives rise to ventral hernia may be overcome by the fact that granulation tissue, if supported for a sufficient length of time in the manner I shall presently indicate, is as strong as any other part of the abdominal wall.

*Prolonged Anesthesia.*—We now come to the avoidance of deaths from prolonged anesthesia, which, as I have already said, are often put down under the vague heading of shock. It is a well-known fact that skillful operators can be found who, having more endurance and dogged perseverance than judgment, will continue at an operation for as long