cause nor the only symptom of the septic condition, it must still be conceded that its removal is highly desirable. It is true, this is *then* difficult to accomplish."

CLOSING THE ABDOMINAL WOUND.

This is generally effected with both deep and superficial sutures. Almost every variety of suture material has been employed for this purpose. The result of the operation, however, does not appear to depend upon the kind chosen. Most operators prefer silver wire, but Spencer Wells, and some others, nearly always employ Chinese silk. As the deep sutures are placed about an inch apart, the number to be used will depend, of course, upon the length of the incision; when the drainage-tube is inserted, and the pedicle is brought outside, they should be placed between the last stitch, and the last but one. The threads should be about eighteen inches in length, with a long, straight needle affixed to either end. Each needle is passed from within outwards, including a narrow margin of the peritoneal membrane, through the entire thickness of the abdominal walls, emerging at a point about three-quarters of an inch from the edge. All the deep sutures should thus be inserted before any are tied. The wound is now examined and if any fresh oozing of blood have taken place, this must be sponged away. An assistant now, with one hand on either side of the wound, bulges up, as it were, the redundant walls, while the stitches are being tied or twisted. Then in order to secure a nicer coaptation of the edges of the wound, superficial sutures are placed between the deep ones, which include only the skin and areolar tissue. All experienced operators agree in the advisability of including the peritoneum within the stitch, as it is found when the two edges are thus brought together they unite quickly by first intention; and this is desiderated in order that if suppuration take place outside, pus and other septic fluid may be prevented entering the peritoneal cavity.

The wound should then be covered with dry lint, or lint soaked in carbolized oil; over this and the whole abdomen should be placed a thick pad of dry cotton-wool, and several folded napkins, while broad strips of adhesive plaster should be passed nearly around the body, to support the abdomen in case of vomiting. Lastly a wide flannel bandage should secure the whole. The patient should now be placed in a comfortable bed, between blankets, and warmth for a time, even in hot weather, should be applied to her feet. The room is then darkened and the patient left quietly alone with her nurse.

THE AFTER-TREATMENT.

As this is a matter of the greatest importance, the operator must, himself, give particular attention to the minutest details of the after-treatment. He should secure the assistance of a medical friend to supervise the case in his temporary absence, and a competent nurse must be in constant attendance night and day. The patient must be kept quiet, at rest, and free from pain. To accomplish this, an opiate should be administered hypodermically, or per rectum. To prevent vomiting a little ice may be allowed, but no food or drink. If the powers of life seem to be flagging a little brandy and iced water must be given by the mouth, or an enema of milk and brandy. The room must be kept comfortably warm, at an even temperature, but well ventilated. This can be easily effected by a little fire in the grate—the best of all ventilators for a sick room,—or a gas jet can be kept burning in the fire place. The bladder must be emptied by a catheter every six or eight hours; the bowels should be kept constipated seven or eight days, but in case the intestines become distended with gas, they may be unloaded by a simple enema of warm water, as early as the fifth day.

Should vomiting persist after the effects of the anæsthetic have passed away neither food nor drink should be allowed by the mouth,—absolutely nothing, excepting ice to suck, and perhaps a desertspoonful of lime-water and milk, in equal parts, at stated intervals. Life must be sustained by rectal alimentation.* Enemata of nutritive materials already prepared for assimilation, as beef-essence, beef-tea, mutton, oyster or chicken-broth, or egg beaten in milk, may be administered every

*That life can be sustained with nutritive injections, by the rectum, is proven in cases 4 and 5 of the appendix. It is only within the past few years that the importance of this means of sustaining nutrition has been recognized by the profession. Of late, recourse is more frequently had to this method of nourishing the patient, not only in persistent vomiting after ovariotomy, but also in the various diseases in which food cannot be swallowed, nor digested by the stomach; and recently cases have been reported in which life had been sustained, by this means, during periods varying from three months, to three, and even five years. The question remains to be determined: whether the nutritive material, thus administered, is digested, or merely absorbed,