

with a solution of formalin. In the cases reported, however, I believe that the favorable outcome was due to dilution of the poison in the blood current, and not to any germicidal influence exerted by the contained drug. The use of normal salt solution, I feel sure, would have been attended by as good results.

With regard to the attendant peritonitis, it undoubtedly was the local action of the saline which cut short the inflammatory process and which apparently prevented adhesion formation. I am able to explain this action only on the theory that, as streptococcal infection having the uterus as a starting point spreads to surrounding structures especially through the medium of the lymphatics, and as saline solution in the peritoneal cavity, as elsewhere, is primarily absorbed by the lymphatic system before entering the blood current, the consequent attenuation of the toxius almost at the point of origin would necessarily follow. Then again, while the primary effect on the blood vessels of hot water, that is, of water at a temperature ranging from 107 F. to 120 F., is to cause dilatation, and consequent engorgement, through the governing nerve mechanism, the secondary effect is that of contraction and cessation of congestion. As congestion is a natural concomitant of irritation, or inflammation, the effect produced by its disappearance is obvious. While this explanation appears plausible, I am compelled to ignore the fact that the peritonitic inflammation in this case was of streptococcal origin, and consequently of a type which would be the least likely to yield to any form of treatment.

As regards the nonformation of adhesions, it is natural to suppose that, the inflammation of the peritoneum being held in abeyance and the surfaces being separated by the fluid, no opportunity would be afforded for such adhesions to occur.

*Third.*—Was there not danger of over-stimulating the kidneys? This factor was before me during all the time the treatment was being carried out. The conditions under which the infusions were given made it impracticable to measure the quantity of fluid administered, and I have no means of knowing even the approximate amount absorbed. The urine collected was carefully measured at frequent intervals, and it was evident that the flow from the kidneys was almost constant from the beginning. It also occurred to me that such long exposure of the intestines to the action of water at a temperature of 110 F. might have a deleterious effect, but such did not prove to be the case.

It is to be regretted that bacteriologic examinations of the blood were not made at intervals subsequent to the one made after the resection. Two specimens were obtained for this purpose, but, owing to an error, were lost.