

With the object of reducing the resorptive capacity of the peritoneal serosa, Glimm<sup>38</sup> has made experimental intraperitoneal injections of from two hundred to three hundred grammes of camphorated oil (one in one hundred). He claims that it is an excellent general tonic, and that it occludes temporarily the subserous lymphatics, rendering it impossible for them to absorb other products, and preventing general infection, toxemia and the formation of adhesions. Leriche<sup>39</sup> reports good results in four cases from the injection of camphorated oil after operation.

Hoehne<sup>40</sup> states that he has had satisfactory results in more than a hundred and twenty cases from the injection of camphorated oil before laparotomy, with the object of preventing the supervention of peritonitis. From one to four days before operation he injects from twenty to thirty cc. of 1 to 10 per cent. oil, and this produces an ante-operative irritation of the peritoneum. According to him, the resulting exudation is gradually absorbed without the production of adhesions.

I cannot see why this should be used to prevent peritonitis, although, if it will prevent absorption of toxic products, there can be no objection to its use in case of diffuse septic peritonitis after the cause has been dealt with.

#### INTESTINAL OBSTRUCTION.

Intestinal obstruction is a very common complication of diffuse peritonitis, and in the fatal cases is the most frequent cause of death.

Intestinal obstruction occurs in two forms: (1) Paralytic ileus, and (2) mechanical obstruction.

The first form, that is paralytic form of obstruction, is usually met with soon after operation in cases in which the peritonitis has been present for some days. After operation and drainage in diffuse peritonitis there is always a possibility of the supervention of paralytic ileus, and measures should be taken to prevent it. When the bowels have moved after operation, however, there is no longer any fear of this form of obstruction. The danger, then, is from mechanical obstruction, which will occur when adhesions have formed, usually at the end of a week or ten days.

Intestinal paralysis endangers life in one of two ways: (1) By its mechanical results, which include compression of the heart in an upward direction, compression of the lungs, and interference with the circulation in the abdominal and thoracic cavities; (2) by general toxemia, due to resorption of bacteria and toxins from the intestinal contents.