

Dr. Trenholme says more about dietetics. In his operations he had found vomiting to be a very troublesome complication; warm water with brandy he had found of great service in these cases, also frequent small doses of Epsom salts as recommended by Lawson Tait. He never gave medicine at all when there was any threatening of peritonitis. He never used drainage unless the adhesions were extensive.

DR. SHERMAN would like to hear more details regarding the preparation of the patient, also as to whether he referred when speaking of fibroids to extra- or intra-mural growths.

DR. MACDONALD would like to have heard more details as to the closure of the wound, also the value of the clamp in securing the pedicle, and whether operation for ovarian tumors should be performed early.

DR. KERR of Winnipeg had seen hernia follow the operation due to failure of union in central portions of wound. Would like to know why Dr. Trenholme objected to enclosing muscle in his sutures.

DR. SHEPHERD thought that wounds of the abdomen were much the same as wounds of other parts, and that abdominal surgeons made a great ado about their special methods of healing this abdominal incision. General surgeons, who were operating every day in every part of the body, had no fear of including the muscles in their sutures. He did not understand why abdominal wounds should heal differently from wounds of other parts of body. For his part, in performing abdominal section, he treated his incision as an ordinary wound; used silver or catgut sutures and passed them through the whole thickness of the wound of the abdomen; union invariably took place by first intention. Every gynecologist thought it incumbent upon him to have some special mode of treatment of the abdominal incision and seemed to think that general surgical principles were inapplicable to it. Dr. Shepherd had not much faith in ipecac used in three dilutions; it had about as much effect as river water.

DR. FENWICK said he had operated a number of times for ovarian tumour with fair success. He agreed with the remarks of the last speaker, he always used silk sutures and objected to horse-hair, because knots made by it did not hold well. In treating the pedicle he first clamped it and then tied all the large vessels; afterwards he tied the pedicle with the Staffordshire knot and removed the clamp. He had used hot water occasionally to cleanse the abdomen.

DR. TRENHOLME in reply said he spoke of interstitial fibroids.