stinking abscesses, and their contents have inundated the peritoneal cavity, and yet the patients have made a splendid recovery. In such cases, and indeed in every case in which the peritoneum has been soiled in the slightest, one element of success, which is absolutely essential, is the washing out of the peritoneum with plain boiled water cooled down to 110° F. or 105° F.

I assisted a colleague in a distant town once at an easy operation of removing the uterus, containing a sloughing fibroid. A corkscrew was used to extract it from the woman, but the tissues were so soft that they would not hold, and the result was that the instrument slipped out, throwing some small pieces of necrosed matter among the intestines. We had forgotten the irrigator, which would have floated these pieces out; but although carefully sponged out, some of the minute particles must have remained in and infected the peritoneum, for the patient died three days later of septic peritonitis. Once the abdomen is closed and dressed in the way I shall mention, there is no more danger as far as infection is concerned. The patient's fate is sealed when the wound is sutured. Even when the drainage tube is employed under ordinary precautions, infection is not liable to occur. I employ one of the longest and narrowest tubes, with very tiny perforations in it, so that the intestines cannot get caught in them; this accident having happened to me, and a slight fecal fistula resulting in one case, in which the perforations of the tube were too large. The tube is pumped out frequently, by a bulb syringe with a long soft rubber nozzle, and the tube should be gently turned half round several times a day.

The kind of sutures appears to me to have much to do with the ultimate success. According to many, there is only one material suitable for the purpose, and that is silkworm gut, for as I shall show later on, abdominal sutures should be left in position for one month. Silkworm gut is as clean and strong at the end of that time as when it was first put in. The wound and stitch holes should be buried in half an inch thick of boracic acid, and they should not be seen again for a month, unless the first dressing has been soiled by the overflow of the drainage tube, in which case the soiled powder is removed and replaced by dry powder. Among the arguments used against the extra-peritoneal treatment of the stump after hysterectomy, we often hear that there is great danger of sepsis. This seems absurd to me, for with the stump buried in dry boracic acid powder and the peritoneum accurately closed around it by suture, and the abdominal incision also buried in dry boracic acid powder, it is impossible for the peritoneum to be infected thereby; moreover, as any one knows who has reopened the abdomen after an abdominal section, the peritoneal surfaces are glued together in a few hours, or probably in a few minutes even, after