

ous proctolysis; but the latter is so much simpler and the results so good that I very much prefer it.

If there is persistent tachycardia, digitalis in small doses, or the application of ice on the heart, may be useful. Turpentine stupes sometimes give relief in cases in which there is marked abdominal distension. Some surgeons are in the habit of giving pituitary extract after operation, and claim that it increases intra-abdominal pressure and stimulates intestinal peristalsis.

Opiates are contra-indicated, as they may increase the already existing toxemia, and prevent peristalsis and leucocytosis.

Vomiting.—If vomiting is troublesome, lavage of the stomach may be practised, but unfortunately the procedure is sometimes painful, and has to be frequently repeated. Dr. Gerster³³ states that at the Mount Sinai Hospital they perform lavage of the stomach before operation if indicated by persistent vomiting, if possible before the patient is anesthetized. Noetzel recommends it as a prophylactic measure, and continues to repeat it until the stomach has resumed its normal mobility. He is of opinion that gastric lavage, commenced at an early stage, and continued for a sufficiently long period, is the only certain means of preventing acute dilatation of the stomach, which is usually not recognized until too late, and is almost invariably fatal.

For post-operative vomiting, Westerman³⁶ recommends continuous siphonage by means of a tube inserted through the nose, fastened by a ribbon to the head, and emptying itself at its free extremity into a vessel placed at the side of the bed. Laxatives should not be administered until after the cessation of projectile vomiting.

CONTINUOUS CURRENT OF OXYGEN.

Weiss and Sencert³⁷ practise suprapubic drainage, and in order to facilitate it, pass a continuous current of gaseous oxygen through the hypogastric tube. This results in evacuation of the pelvic and peritoneal fluid, and may prevent the formation of adhesions. They have shown, both clinically and experimentally, that the current of oxygen tends to produce hyperemia of the serosa, which materially increases its bactericidal and phagocytic characteristics, arrests the development of the bacteria, and neutralizes their toxins. By this method, of which I have so far had no experience, they have recently obtained four recoveries out of five cases.

INJECTIONS OF CAMPHORATED OIL.

Efforts have also been made to increase peritoneal resistance by the injection of horse serum (Pettit) or bacillus acidi lactici (Rogers).