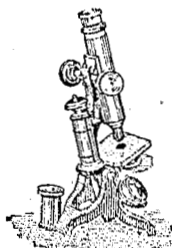


Medical Matters.**FOREIGN BODIES ACCIDENTALLY LEFT IN THE ABDOMINAL CAVITY.**

Dr. A. Schachner has collated 155 cases, and draws conclusions as follows in the *New York Medical Record*: (1) So long as surgery continues an art, so long will foreign substances continue to be unintentionally left in the abdominal cavity. (2) That the recorded cases are not representative of the true frequency of this accident. (3) If the foreign body is of an aseptic character, nature endeavours to care for the same by encapsulating the foreign substance primarily in a fibrous exudate interspersed with leucocytes, and secondarily enclosing it by the contraction of adhesions between the different abdominal viscera or the viscera and abdominal wall. (4) In the spontaneous expulsion of a foreign body from the abdominal cavity, nature seeks exit through points of least resistance, which are either the alimentary tract, or an imperfectly united wound, or less frequently through the reopening of an apparently well-organised cicatrix. (5) A foreign substance remains quiescent for years in the abdominal cavity. (6) The disturbance which a foreign body creates in the abdominal cavity depends upon its sterility, size, character, *e. g.*, regularity of outline and presence of sharp or pointed surfaces, density, point of location, individual tolerance of the peritoneum, and behaviour of of the individual. (7) The symptoms of a foreign body in the abdominal cavity may vary from nil to that of the most violent intra-abdominal disturbance. (8) The symptoms not infrequently suggest a low and protracted form of sepsis or an ileus. (9) Unexpected circumstances, unusual complications, and diverted attention explain many of these accidents. (10) while the counting and recounting of sponges and pads before and after an operation by one or more individuals should, and always will, be a most important feature in the prevention of this accident, yet the cases are numerous where the accident occurred notwithstanding this count by one and even two nurses or assistants. (11) The plan of attaching tapes or threads to pads and instruments has received the recommendation of many operators; but the fallibility of this is as

clearly proven as the former. (12) In restricting ourselves to the smallest number of pads, sponges, and instruments, we adopt a system of simplicity that must appeal to all as one of the most important elements in the avoidance of this accident. (13) We can only hope to reduce these accidents by the observance of the highest degree of simplicity, system, and watchfulness. (14) If the surgeon at the close of the operation asks for a count of sponges, and this is made, and an assurance given that all sponges and pads are present, his responsibility on this point ceases for it is neither prudent nor fair that he should leave the most important part to duty that justly belongs to the nurse. (15) The real factors in the avoidance of this accident are the recognition of system, simplicity, and watchfulness to the most exacting degree. (16) At the bottom of most of these accidents we find a diverted attention, a defective system, or a dangerous degree of complexity. (17) We are obliged to conclude that to a certain extent the surgeon is responsible for things about the operation, and after that the responsibility must rest elsewhere. (18) No hard-and-fast rules can be made regulating the responsibility in every case; but each must be decided on its own merits, and the responsibility fixed accordingly. (19) There are risks that the patient must assume and that cannot be rightly transferred to the operator. (20) In other vocations, it is reasonable to assume that, unless properly prepared, one should not act; but in surgery one is occasionally compelled to act, even though it is known that he is not prepared.

HYPODERMIC INJECTIONS OF GELATINE IN MELÆNA NEONATORUM.

Holtzschmidt (*Munch. Med. Woch.*) has treated the last five cases of melæna neonatorum which have occurred in the obstetric wards at Dresden with hypodermic injections of gelatine. A 2 per cent. solution was prepared by dissolving 20 gm. of gelatine in a litre of normal saline solution, and placing it in a flask. After the neck was plugged with cotton wool, the flask was placed in a water bath and boiled for five or six hours. Immediately before use the solution was heated to blood heat. Fifteen c.c. were injected hypodermically, usually in two places, to avoid undue tension. The writer had five recoveries in five cases. The death rate of melæna neonatorum is usually 50 per cent.

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