almost gangrenous in spots, and yet such cases will do well after the intestines have been returned and the wound in the abdominal wall completely closed without drainage of any sort.

In Mr. Bond's paper, he says, "If evisceration and complete washing of the intestinal coils are ever justificable, it must perhaps be in those a most hopeless cases of streptococcus pyogenes infection in which the patient dies within a few hours of seizure from rapid poisoning without reaction or attempt at phagocytosis."

I cannot see the force of his argument. Such cases must necessarily be operated on at an early period—that is, before death; and as all cases of acute general septic peritonitis should be operated on early, I fail to see how the surgeon is to discriminate between the cases that Mr. Bond says may be eviscerated and washed and those in which he would strongly condemn such a procedure. I have used the method outlined above, my assistants have used the same method, many others here and there have also adopted this method of evisceration and lavage and closure with gratifying results. We are told that there are ascending mucus currents in the uterus and Fallopian tubes rushing onward to such an extent as to carry the dreaded pneumococcus from the vagina into the peritoneal cavity, and yet at the same time we are asked to believe that in all these cases of general inflammation a stab puncture of the cul-de-sac of Douglas with the insertion of a drainage-tube and an erect posture will soon overcome the intraabdominal streams. At another place Mr. Bond says, "There is little doubt that in the majority of cases of moderately virulent infection, such, for instance, as those arising in connection with a gangrenous or perforated appendix, the cost of interference is too great. Evisceration is fatal, while free and forcible irrigation is apt not only to wash away the defending phagocytes, but also to spread the virulent organisms from the primary focus over the whole area of membrane already taxed to the uttermost to repel the invasion." I agree with him, but such a case is not one of acute general septic peritonitis, because the virulent organisms are not spread over the entire peritoneal surface, and such an example must, therefore, be thrown out of court in any argument as to the efficiency and life-saving properties of evisceration and irrigation in acute general septic peritonitis. Such are cases of localized septic peritonitis, and I would not dream of carrying out a general irrigation, with or without evisceration in any of