normal saline solution, or mild antiseptic solutions, such as boric acid and acetate of aluminum." McCosh states in the *Annals of Surgery*, Vol. I., 1897, that he has operated "on 43 cases of general septic peritonitis. Of these 37 have died and 6 have recovered, a mortality of about 86 per cent." These references are sufficient evidences, if such were needed, of the tremendous mortality of general septic peritonitis under present methods of treatment.

Of its pathogenesis and pathology we know something but not too much. It is conceded that septic peritonitis results from septic infection by various pathogenic organisms of various degrees of virulence. It is also conceded that the sum total of effect is in some degree dependent upon the resisting and reparative power of the patient, and of the therapeutic measures adopted; and here one must call a halt. The nature of the poisons produced, their method of production, their path of entrance into the system, and their neutralization and elimination, are, for the most part, not yet definitely determined. We cannot as yet just say what is the effect of these germs and their toxines upon the different coats of the intestine. Nor do we know definitely to what extent the intestinal distention and paresis is due to pressure from within the lumen of the gut, or to the paralysing effect of poisons upon Auerbach's plexus, or to their degenerating influence upon the muscular coats. Here, indeed, it seems to me, is a great field for research work, rich in possibilities, in which the pathologist, bacteriologist, and chemist might work together with mutual advantage.

The symptomatology is tolerably well understood; the prognosis is certainly bad. Can we adopt a more effective method of handling this disease? The advantages of a prompt recognition of the condition and the institution of appropriate treatment at the earliest possible moment are evident to all. The wisdom of removing the cause, when possible, is hardly open to question. If seen early, this may be done with the thoroughness, permitted and facilitated by general anæsthesia. In advanced cases, however, I am convinced that the administration of a general anæsthetic is harmful and sometimes hastens the end. In such cases one can only make a small opening for drainage with the aid of a local anæsthetic. Through this opening a quantity of foul-smelling, septic, sero-perulent discharge escapes, and an imperfect but helpful lavage may be performed.

It is to the after treatment especially that I desire to direct your attention.

Given a condition of ingravescent or already generally diffused peritonitis, in a patient whose respiratory, circulatory, and other ex-