in the septic invasion from the intestinal tract and the patient ultimately succumbs.

Every operating surgeon however must have met with a class of cases in which the pathological process differed materially from that just described. In certain cases, for example, of sudden gangrene or perforation of the appendix, the invasion is so sudden and the virulence of the colon bacillus and streptococcus is so great that there appears to be no time for reaction on the part of the peritoneum and therefore no phagocytosis. In such a case the patient dies from septic absorption within 36 or 48 hours of the onset of the attack. Of this class of cases I hope to have something more to say under the head of treatment.

In discussing the treatment of acute septic peritonitis I have thought it useful to recognize clinically three varieties of the disease, viz: (1) circumscribed, (2) general, (3) diffuse. An example of the circumscribed variety is seen in an ordinary attack of appendictis where there has been good reaction by the peritoneum and where the appendicular region has been well walled off by inflammatory adhesions. In other words, the invader has not yet got beyond the first line of defence. Here there is not much difference of opinion as to treatment. abdomen is opened over the seat of trouble (which in the vast majority of cases is the appendix) and if the parietal peritoneum be adherent to the underlying structures the localized abscess is at once evacuated by carefully separating adhesions with the fingers until the pus is reached. If the parietes be not adherent to the seat of inflammation, before proceeding to evacuate the pus, an artificial coffer-dam of gauze is built around the seat of the abscess so that not a drop of pus will escape into the general peritoneal cavity. After the pus has been reached and the cavity carefully wiped out, the appendix may or may not be removed. If it form a part of the inflammatory wall confining the pus I prefer not to disturb it, fearing general infection. The cavity is drained with gauze and treated as an