

gress of the disease from its onset.

There is danger of the occurrence of diffuse peritonitis in the following classes of cases:—(1) In gangrenous appendicitis; (2) in perforative appendicitis; (3) in cases in which the caecal end of the lumen of the appendix is closed and the distal portion so thoroughly distended with septic material as to make its walls permeable to micro-organisms; (4) in the very rare cases in which there are small abscesses in the walls of the appendix not directly connected with its lumen, and (5) in cases in which there is a septic thrombosis of some of the vessels, but not sufficient to cause gangrene.

The first, second, and third conditions are so common that every surgeon who operates frequently during the acute attack has seen them many times.

Were it possible to keep the septic material in these cases within the circumscribed area in which it occurs primarily, it is plain that the condition would remain comparatively harmless.

The appendix is virtually surrounded on all sides, excepting in the direction of the median line by relatively fixed tissues. Above we find the lower end of the caecum and the caecal end of the ileum; to the right and in front is the parietal peritoneum; behind the peritoneum covering the iliacus muscle, and towards the median line it is surrounded by loops of small intestines. Moreover, the omentum extends far beyond its lower end. It is true that the appendix may be displaced downwards, but in this case it will again be surrounded by fixed tissues which seem especially adapted to dispose of septic material. Again in this case there is an enteroptosis affecting the caecum, and always with this a marked lowering of the transverse colon and stomach and with these the omentum. Thus we see that the natural anatomical arrangement for the protection of the general peritoneal cavity is extremely efficient. There is but one weak point in the anatomical provision for this protection, namely, in the direction of the median line, because the great mobility of the small intestines naturally favours the distribution of septic material to all parts of the peritoneal cavity. If we can prevent the small intestines from doing harm in this direction, we will have accomplished our end, theoretically at least.

At this point I wish to direct your attention to another important anatomical condition. The blood supply of the omentum is so enormous that it will readily dispose of a very severe infection by walling off the