

THE TREATMENT OF GENERAL SEPTIC PERITONITIS.*

BY

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The great mortality of general septic peritonitis is a sufficient reason for an occasional review of our knowledge of its pathogenesis and pathology; and our lack of success in its treatment a sufficient stimulus to effort looking toward improvement of our therapeutic resources.

Let us for the purpose of facilitating the discussion this evening, define general septic peritonitis as a septic inflammation of that portion of the visceral and parietal peritoneum occupying the pelvic and small intestine area. I would thus limit the area, because at the operating table one may generally form a moderately accurate estimate of the condition of this region. It is seldom that the operator can say very definitely much about that part lying above the transverse colon. It is desirable also to eliminate from this discussion all side issues and complications, important as they are. General peritonitis, unfortunately, is only too frequently associated with other equally grave pathological lesions. These complicating conditions contribute in no small degree, when present, to the fatal ending by their influence upon the patient, and by lessening the efficiency of the therapeutic measures employed. They are, notably, advanced renal disease and insufficiency, septic pleurisy, pneumonia, pulmonary emphysema and cardiac lesions. It is desirable also to eliminate from the discussion cases of general peritonitis advanced to a stage in which profound toxæmia and collapse indicate that the conditions rendering cure possible have passed away.

Treves puts the mortality of general septic peritonitis at 70 per cent. Abbe, in his article in the *International Surgery*, estimates the mortality by cases treated medically at 90 per cent., and in over 200 cases treated surgically within the last few years, at 60 per cent. Senn, in his recently published work on *Practical Surgery*, says, "I have drained and washed out the peritoneal cavity in many cases of diffuse septic peritonitis and I am free to confess without a single successful result. All my cases have died of sepsis a few hours to a day or two after the operation, in spite of heroic stimulation and in some cases of frequently repeated irrigation with sterilized water,

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