If in a case of acute gonorrheal peritonitis there is no improvement in the general and local conditions in the course of a few hours, operation should be undertaken without delay.

In considering the prognosis of peritonitis resulting from perforation of the gall bladder, which is usually assumed to be extremely grave, a similar distinction should be made between that due to perforation of a gall bladder, the contents of which may be regarded as sterile, and that originating from perforation of a gall bladder containing pus. The former is comparatively benign, whilst the latter is an extremely malignant and dangerous condition. Another factor which influences the prognosis is the fact that the bile appears to exert an unfavorable influence upon the serosa, considerably reducing its capacity for resistance to the invading micro-organisms. The same may be said of the contents of the small intestine, after perforation of which the peritoneal serosa exhibits severe changes.

In 1910 Clairmont and von Haberer[6] published a case in which peritonitis supervened without perforation of the gall bladder. A similar case was subsequently reported by Schievelbein[7], and Doberauer[8] has recently reported two further cases. They attribute the condition to an abnormality in the macroscopically normal walls of the biliary duct, in one case apparently due to old biliary stasis, in one to gangrene of the bladder, in one to non-perforating traumatism, and in the fourth case to infection.

Surgery is the only treatment for typhoid perforation peritonitis. Unfortunately the diagnosis can very rarely be made before operation, but an operation at the earliest possible moment after its occurrence will save the lives of many patients. Forbes Hawkes[9] is of opinion that mortality would be considerably reduced if operation could invariably be undertaken within two hours after perforation, and that recovery would probably result in at least 50% of cases, provided toxemia was not present. Operation is indicated by slight muscular rigidity and tenderness in the right iliac fossa or around the umbilicus. Some years ago I reported recovery following operation eighteen hours after perforation in a case of typhoid.

As regards the peritonitis due to wounds of the abdomen involving the digestive tract, Siegel[10] states that operations done within the first four hours have a mortality of 15.2 per cent., in from five to eight hours 44 per cent., in from nine to twelve hours 63 per cent., and after twelve hours 70 per cent.

I should like to refer briefly to pneumococcal peritonitis, which is a very rare condition, and may be primary or secondary. Net-