rose rapidly and distention came on. I determined to re-insert the drainage tube, and, assisted by Dr. Temple, re-opened the abdomen and re-inserted the tube. As soon as the wound was re-opened a quantity of blood-tinged serum, gushed out. Within twelve hours the symptoms improved, and the patient made a splendid recovery.

The second case was one I saw while with Mr. Tait. A young woman with acute peritonitis; abdomen was opened, pus washed out. This pus had a decidedly fæcal odor. The peritonitis was caused by extravasation of fæcal matter into the abdominal cavity, but the case had been allowed to go on until the girl's abdomen was opened at a time when operation had no fair chance of being successful.

It is only ten days since another case was brought forcibly before me. Some four months ago I saw, in consultation with a brother practitioner, a lady patient of his, in whose abdomen he had discovered a small tumor to the left of the navel, on a line with the level of the tenth rib. The tumor was about the size of a hen's egg, and seemed to fluctuate. It gave her no particular inconvenience, and she would not listen to any proposal of operative interference. Some two weeks ago she was taken suddenly ill. Her physician telephoned to me, so that I might at once open the abdomen. Unfortunately, I was away from home for a few days. Another consultant, unfamiliar with abdominal surgery, was called, at the request of the family, and he advised that she be left alone. She was left alone, and died from an acute peritonitis in from three to four days. There can be no doubt from the description given me by her physician that the tumor ruptured, and that the contents, whatever they were, set up the fatal inflammation.

I might relate other cases of perforating gallstones, ruptured ovarian cyst, ruptured pyosalpinx, perforation of the vermiform appendix by orange seeds, etc. The actual cause of peritonitis in any given case is only to be guessed at, and cannot be ascertained without an intra-abdominal exploration. Such causes as "cold," "chill," are so indefinite that they should not receive any consideration, but the question asked should be, "Is this due to perforation of a gallstone, perforation from ulceration, hæmorrhage from injury, rupture of an abcess, appendicitis, volvulus, internal hernia, strangulated or suppurating ovarian cyst, rupture of pyo-hydro- or hæmatosalpinx, rupture of ectopic gestation, to rupture of liver, spleen, kidney, or bladder, if due to injury?" And the only method by which the question can be accurately answered is by opening the abdomen.

Cases such as that of the large effusion of blood from rupture of the kidney, and that of the little boy playing with the "tibby cat," and the little girl injured by the bed, are better left alone, unless more severe symptoms supervene. Operation to stop hæmorrhage from a ruptured kidney by removing it, or by packing, might be done if the patient rallied and the hæmorrhage through the bladder continued. If suppuration set in, the clot should be cut down upon and turned out. The perforation accompanying typhoid fever, I fear will be better left alone. I quote the one case in which recovery took place without operation. There was no doubt a perforation. For two days before the patient had the usual symptom of approach of the ulcer to the peritoneum, namely, pain over the very spot at which the violent pain commenced two days later, accompanied by collapse and acute general peritonitis. I have not yet seen reported any case of recovery after abdominal section, done for the cure of peritonitis due to typhoid perforation. One other case of abdominal injury allowed to die without operation, comes vividly before me. A man was kicked in the abdomen by a horse. Symptoms of collapse at once set in. He rallied well, but a mixed set of symptoms set in. Vomiting occurred. It persisted, and was identical with that due to intestinal obstruction. The bowels moved. Hands and feet became cold, pulse rapid, and at the end of a week the patient died. I have always thought that he might have been relieved by an exploratory incision. Operation could have done no harm, and would, at least, have shed much light on the case. The exact nature of the injury would have been made out.

There are then a few conclusions that may be summarized. They are simply the outcome of my own thought, and may not have any value, but they are as follows:

1st.—That in typhoid-perforation operation is useless.

2nd.—That in traumatic general peritonitis,