

is of little importance, because some patients with a streptococcal peritonitis recover, whilst others with a *Bacillus coli* infection die. Beyond arresting the supply of germs from the primary focus, an operation can only deal with the effects of inflammation.

I do not think it is appreciated how much there is in the old idea which considered nothing of importance but the associated circulatory disturbance. It is possible to watch all the important and naked-eye results of a peritonitis in an inflamed conjunctiva. Let me illustrate my meaning as to the circulatory disturbance by an example. In an arm too tightly bandaged, and after removal of the constriction, there may result: (1) Transitory hyperaemia; (2) fibrosis (Volkmann's ischaemic contraction); (3) partial destruction (ulceration, sloughing); (4) gangrene—the same terminations as occur in a streptococcus infection.

When it becomes apparent that the condition of the circulation is the chief surgical guide both as to treatment and to prognosis, the practical importance of this knowledge is realized. It is much more important for purposes of treatment to know how much, and what portions of the peritoneum are red and sudden than to know which variety of organism has been found in the exudate. In other words the soil and the seed both require consideration. Whatever germ is present, the prognosis is always good if the heart is strong, and the pulse of good volume and not over 100. It is always bad if there is cyanosis, if the extremities are cold and the pulse over 120. (A patient with cold hands rarely recovers.)

Everyone now seems to believe that the sunken appearance and the symptoms of shock in cases of septic peritonitis are due to toxæmia. We know so little what toxæmia is that its influence is impossible to estimate. It is certain that the same symptoms follow the strangulation of a loop of intestine (and I have seen them occur after the ligation of piles attended and followed by no loss of blood in a nervous patient). Surely in these instances the cause is not toxæmia? Anything which seriously disturbs the balance between the somatic and splanchnic circulations will produce these symptoms, and I prefer to believe that this is their origin in cases of septic peritonitis.

A more rational treatment naturally followed upon the belief that the peritonitis subsequent to infection by germs is not a disease to be fought altogether with surgical weapons, but that it is a protective reaction of the peritoneum, one to be aided and abetted if possible, but one very readily damaged or upset. So far as I know I was the first to make the observation, contrary to the then received belief but one now generally accepted, that the peritoneum possessed exceptional im-