

The treatment recommended by Noetzel in 1905⁴⁷ closely approximates to this, but he recommends lavage of the stomach as a routine procedure, and does not withhold food and liquids by the mouth. Dépage, of Brussels⁴⁸, at the meeting of the French Congress of Surgeons, in 1911, stated that since 1906, at which time he adopted a method analogous to that of Murphy, his mortality had diminished from 40% to 9%. At the meeting of the American Surgical Association, in 1908, Dr. Murphy reported fifty cases of peritonitis, chiefly due to the appendix, with only two deaths. Most of the cases were operated upon in from twenty-two to thirty hours after the onset of symptoms.

In 1902, Rehn⁴⁹ reported ninety-three cases, with forty-two cures and fifty-one deaths (54.8%). In 1905, Noetzel reported two hundred and forty-one cases from Rehn's clinic, with one hundred and twenty-one cures and one hundred and twenty deaths (50%). In 1909 he reported four hundred and forty-nine cases, operated upon between 1891 and 1909, with a collective mortality of 38%, and stated that, during the whole of this time not a single case, however advanced, and even moribund, was refused operation. Between 1900 and 1909, the mortality in the appendicular cases has been gradually reduced from 60% to 14%. The cases reported in 1909 include, in addition to the appendicular cases, sixty-one due to pyosalpinx, with a mortality of 31%; fifteen of puerperal peritonitis, with a mortality of 53%; twenty-seven due to gastric perforation, with a mortality of 37%; nineteen to intestinal perforation, with a mortality of 74%; eleven to perforation of the gall bladder, with a mortality of 55%; four to perforation of the urinary bladder, with a mortality of 50%; three cases of pneumococcal peritonitis, with a mortality of 33%, and one case due to coprostasis, which recovered.

According to Rehn, the principles of treatment of infective purulent processes in the peritoneum are the same in both circumscribed and diffuse suppuration. His method consists in free exposure of the focus of suppuration, flushing with warm saline solution, and closure of the wound with the exception of an aperture for drainage of the deeper part of the pelvis. Noetzel is of opinion that the reduction in mortality is the more satisfactory owing to the fact that a definite prognosis cannot be made in peritonitis, and that there are so many possible causes of death, such as pneumonia, sepsis, subphrenic abscess, peritoneal phlegmon, ileus and inanition.

In 1910, Dr. Gerster reported 609 cases of peritonitis operated upon at the Mount Sinai Hospital between 1899 and 1908, 461 being due to appendicitis. His experience has shown that imme-