

cation of the methods of performing the operation. Rapidity of operation and a not too elaborate "toilette of the peritoneum," with drainage if there be bleeding, have been most successful in reducing the mortality in these operations. Following the lead of such men as Tait, Bantock, etc., antiseptic solutions are being discarded for plain water.

In cases of *acute intestinal obstruction* it is now becoming a recognized custom for the physician to call a surgeon in consultation, and the result has been that many lives have been saved. In my opinion these cases should be placed in the hands of the surgeon from the first, as in the great majority of cases there is little hope of relief being afforded by medical means alone. Not a few cases of *intussusception* have been cured by early operations, and also many cases of strangulation due to bands, twists, etc. It is now an axiom of surgery not to let any case of acute intestinal obstruction die without at least an exploratory incision. Some patients will be as anxious for operations in these cases as they are now in cases of strangulated hernia. Physicians still procrastinate in cases of intestinal obstruction. They often do not advise operation until all hope of recovery has been abandoned, and operation is looked upon as a *dernier ressort*. The treatment by rest, starvation and opium has still charms for most practitioners, who are always hoping that "something will turn up." Cases of operation are reported where no cause could be found for the obstruction, and where an opening was made in the distended bowel, with the best results. The artificial anus which ensued being, after some time, spontaneously closed. This affection, in spite of operation, will always be a very fatal one until some better means of diagnosis are available before collapse sets in. On many occasions the gravity of the case is overlooked until the patient is almost moribund.

In *inflammations of the cæcum and appendix*, surgical interference has been attended in numbers of cases by remarkable success. It is now held by many surgeons that all cases of so-called typhlitis ending in suppuration, are due to perforation of the cæcum (rare) or appendix, and that early operation in this most fatal affection is the proper procedure. In some cases the perforated bowel has been closed with sutures or the diseased appendix has been excised. The results

have been most satisfactory. It has been attempted to close by operation perforations due to the ulcers in typhoid fever, with but little result; the condition of the patient and the state of the bowel itself, renders it improbable that much progress will be made in this direction. The operation has been performed by Kussmaul, of Strassburg, Bartleet, of Birmingham, and Morton, of Philadelphia, with fatal result in each case.

In *tubercular peritonitis*, most brilliant results have been effected by operation. The early operations were chiefly cases of mistaken diagnosis for ovarian disease, or were doubtful cases in which an exploratory operation was called for; the good results following these mistakes led to the adoption of incision and drainage as a recognized treatment for this affection. Many remarkable cures are reported, but in the majority of cases this treatment is only palliative.

In *suppurative peritonitis*, the treatment by incision and drainage has also afforded some remarkable results, and in all cases this method should be adopted even if the cause, which is usually perforation of the intestines or appendix, cannot be discovered.

In *perforating gunshot wounds of the abdomen*, good results have been obtained by immediate operation. W. T. Ball and J. F. S. Dennis, of New York, on this side of the Atlantic, have led the way in showing the profession what excellent results may be obtained by immediate operation. Prof. Nicholas Senn, of Milwaukee, at the International Congress held last year in Washington, read a remarkable paper on "Intestinal Surgery." His experiments were made on dogs and he showed how gunshot wounds of the intestines could be healed by omental grafting, with or without scarification of the serous surfaces (a). Dr. Senn has also quite recently devised a method for the detection of perforating wounds of the intestines, by means of hydrogen gas insufflated per rectum, the escape of the gas from the abdominal wound can be recognized by its inflammability, and this, of course is proof positive that the intestine has been perforated.

At the meeting of the British Medical Association held in Dublin last year, some admirable papers on the *radical cure of hernia* were read by

(a) Meeting of American Medical Association, 1888.