

some extent, but I doubt if operations done during the presence of severe shock will ever prove as successful as those undertaken as quickly as possible after primary shock has passed away."

Fourth. How shall we operate? The author regards the most important advance in the technique as the use of cocain instead of the general anesthetic. He quotes Cushing as stating: "I think local anaesthesia is a great step in advance. I shall never give general anesthetics again in typhoid."

The incision is best made in the right linea semilunaris or through the rectus muscle. The perforation should be sought first, in the ileum; secondly, in the adjacent caecum and appendix, and, third, in the sigmoid, where it occasionally occurs.

The cleansing of the peritoneal cavity is an important step. This may be done either by flushing or wiping according to the judgment of the operator at the time. The conclusions of the author are as follows:

1. The surgeon should be called in consultation the moment that any abdominal symptoms indicative of possible perforation are observed.
2. If it be possible to determine the existence of the preperforative stage, exploratory operation should be done under cocain-anaesthesia before perforation shock, and sepsis have occurred.
3. After perforation has occurred, operation should be done at the earliest possible moment, provided:
4. That we wait till the primary shock, if any be present, has subsided.
5. In a case of suspected but doubtful perforation, a small exploratory opening should be made under cocain to determine the existence of a perforation, and if hospital facilities for a blood count and for immediate bacteriological observation exist, their aid should be invoked.
6. The operation should be done quickly, but thoroughly, and in accordance with the technic already indicated.
7. The profession at large must be aroused to the possibility of a cure in nearly, if not quite, one-third of the cases of perforation, provided speedy surgical aid is invoked."

From the results obtained there can be little doubt that the proper treatment in cases of perforation where the diagnosis is clear is early surgical operation. The suggestion of exploratory incision in doubtful cases and in the so called preperforative stage, however, I do not think will commend itself to many physicians. There are as yet no symptoms or signs by which impending perforation can be diagnosed and the adoption of this line of treatment might lead to many unnecessary and harmful operations and so bring discredit on a method of treatment of undoubted advantage in suitable cases.

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