

years ago operation was undertaken only in cases of diffuse peritonitis in a very advanced stage, already complicated by toxemia, in which the prognosis was therefore practically hopeless. Improvement in methods of diagnosis has resulted in patients coming under the observation of the surgeon at an earlier stage of the disease, in many cases within a few hours after the onset of the symptoms. The extensive experience of a large number of surgeons has conclusively proved that a rational operation, undertaken at an early stage, when the condition is still comparatively localized, will save many lives. There is up to the present no effective medical treatment of diffuse peritonitis, and the general reduction in mortality shown by recent statistics indicates that the advances in modern surgery have rendered recovery possible in a condition which was formerly regarded as practically incurable.

The most common form of septic peritonitis is that associated with disease of the vermiform appendix, and the increase in the knowledge of the pathological anatomy and symptomatology of appendicitis has therefore greatly contributed to the reduction in mortality. The next cause in order of frequency is perforation of ulcer of the stomach or duodenum, the prognosis of operation in both these and the appendicular cases being fairly good. Other conditions which may result in peritonitis are perforation of the intestines or gall bladder, typhoid perforation, wounds of the abdomen involving the digestive tract, and infection extending to the peritoneum through the Fallopian tubes.

The most severe forms of peritonitis are that associated with spontaneous or traumatic perforation of an abdominal viscus, and that originating from the appendix, both of which rapidly become generalized. In regard to gonorrheal peritonitis a distinction should be made between that due to rupture of or leakage from a sterile pyosalpinx, and that due to rupture of a pyosalpinx containing active gonococci or streptococci. We then have an acute, virulent, diffuse peritonitis, due to leakage from a tube recently infected by the gonococcus. This variety of gonorrheal peritonitis is illustrated in the case of a patient who came under my observation some years ago.

She was a young married woman of twenty-six, who was infected by her husband. Two weeks after infection she developed a pelvic peritonitis, which in four days had become diffused throughout the abdomen. On the fifth day she was acutely ill with rigidity of the entire abdomen, the temperature was 105 degrees F., and the pulse 140. The abdomen was opened and drained. Her symptoms were septicemic, and she died three days later.