

In the first series of thirty cases there were twenty-six deaths and four recoveries; in the last series of thirty cases there were ten deaths and twenty recoveries. Of the last eleven cases there have been nine recoveries; one of the deaths in this number having been a foregone conclusion before operation was undertaken at the patient's urgent request. The striking difference is due to two factors: First, to improved technique, and second, to earlier interference.

1. The early cases were washed out with gallons of water; "salt solution was not used at this time." I found that with the intestines in the abdomen much rubbing of the viscera was necessary, and this, no doubt, is a mistake. The endothelial cells should not be displaced; the protecting layers of lymph should be left in situ: these layers of lymph are placed in position as nature's guard to prevent rapid absorption through the lymphatics.

Some say that they wash only in cases in which stomach contents or intestinal contents have escaped. Why a case should be differently treated when tubal contents or appendiceal contents have been discharged into the abdominal cavity, I fail to understand. Until different vaccines have been arranged, with which the resisting power of the blood can be raised above the normal, and a condition of immunity produced, we must continue along the old lines of treatment; but we should endeavor to improve these as greatly as possible. Up to the present time I know of no better than (first) gentle, rapid evisceration through a large incision, with closure of the site of the original infection, thorough washing of the abdomen and its contents, and a closure with as much saline solution as the cavity will keep. Secondly, subcutaneous saline injections, as well as large rectal enematas, frequently or continuously administered. Thirdly, the administration of morphine in large doses; and, fourthly, the adoption of a posture that is known to benefit the patient.

It will be noticed that during operation it is difficult to keep the intestines from escaping, and why not let them escape, so long as they are kept warm and not rubbed? The lymph cannot be removed by a stream of water. If two of the inflamed intestines be separated from one another, lymph will be found adhering to each, and their separation does not remove the lymph from either of them. It would be interesting to ascertain the presence or absence of germs in this protecting lymph. If the intestines are sponged, or rubbed with towels, there is a danger that the lymph may be removed, and the endothelial