

cient to clean the peritoneum thoroughly, even where adhesions do not exist.

Reichel experimented with dogs and found that he could never save an animal by this method, if severe infective peritonitis was in progress. He also found, on putting fecal matter within the dog's peritoneum, that, after sponging and irrigating with as much as ten or fifteen litres of water, he could not clean the peritoneum from particles. Sponging alone is recommended by many, but it is no more advantageous than irrigation. The most satisfactory results are obtained where free drainage of the infected cavity has been carried out beforehand. Still this method, even though preceded by sponging or irrigation, has done but little to lessen the death-rate in infective processes within the peritoneal cavity.

In mentioning these methods I refer to them as being entirely dissociated from the use of antiseptics.

My aim in writing this paper is to urge the employment of a suitable antiseptic agent, associated with free irrigation and free drainage (and sponging in certain cases).

At the present time the employment of antiseptic solutions within the peritoneal cavity is very little in vogue. Formerly, various substances were employed by different operators, *e.g.*, weak boracic acid, salicylic or corrosive-sublimate solutions, but these have been gradually abolished.

The reason for this change was the establishment of the importance of preserving the integrity and vitality of the peritoneal endothelium. It then became evident that to use antiseptic solutions so weak as not to injure the peritoneum and yet not strong enough to destroy or inhibit the activity of microbes within the peritoneal cavity was a useless procedure. Another important consideration also had to be borne in mind, *viz.*, the toxic influence on the system of the absorbed antiseptic.

It is evident, then, that an antiseptic which can be safely and effectively used within the peritoneal cavity must be one capable of being employed in solutions of such strengths as shall inhibit the activity of the microbes, or destroy them, and be non-injurious to the peritoneum. It must also be non-toxic to the system when used in effective quantities.

About two years ago my attention was directed to the new preparation known as formalin, and ever since I have used it largely in surgical work in cases where infective processes were at work.

Very soon after I began to use this antiseptic I became convinced of its great power in checking the activity and growth of pathogenic organisms.