believe that intra-abdominal work would follow the same rules that are applied to surgery on external surfaces. The peritoneum is surgically regarded in the same light as the skin, the both having epithelial coverings. Incisions into the peritoneum are to follow the same rules as incisions into the skin, and after the removal of organs or plastic work within the abdomen the incisions are covered in by this membrane, which is to be carefully sutured. With an aseptic technique and field such a conception of abdominal surgery is an ideal one. An operation which leaves carefully approximated peritoneal surfaces and the abdomen perfectly dry at the time of the closure of the external wound leaves nothing to be desired in the aid of the healing process.

The conditions that confront a surgeon in a septic case or one in which the inflammation has extended to the peritoneal surfaces are quite different. Here the question of irrigation is still *sub judice*. Many operators are of the opinion that if the infection is of sufficient severity to have extensively involved the peritoneum irrigation will be of no value, and, on the contrary, may do harm by diluting and spreading the infection to previously uninvolved portions of the peritoneum, and may actually aid in the absorption of toxins from the peritoneal cavity. Other equally good operators are of the opinion that irrigation does get rid to a certain extent of the infecting agent and ptomaines, and the products of bacterial growth are washed out of the abdomen.

Unfortunately, the question is one to be decided largely by the experience and opinions of individual operators, as it seems almost impossible to study it from an experimental basis, and the examination of statistics presents so many extraneous and accidental conditions that figures based upon these alone are exceedingly fallacious. So far as conclusions may be drawn from the published cases, we feel safe in asserting that aseptic operations should be conducted without flushing and without drainage. In those in which there is a general infection of the peritoneum from a suppurating focus, or in which the operation is made for the purpose of relieving septic peritonitis, it is probable that flushing and drainage is a material aid in the recovery of the patient. The flushing, if done at all, should be thorough; that is, in a wide-spread septic peritonitis, if it is to be of any value, it must not consist of the pouring of a few quarts of water into the abdominal cavity and allowing it to drain away, but it should be done with many gallons of aseptic normal salt solution. There are now a number of cases on record in