

sible for the shock and death that follow the corresponding diffuse injury resulting from the rupture of some gastric and intestinal ulcers.

The cause of general septic peritonitis is the same as that of septic infection elsewhere in the body, namely, invasion by pyogenic organisms. Their entrance in sufficient quantity to produce diffuse inflammation is practically never through the blood, but is a consequence of some gross surgical lesion. It is most frequently due to a leak in the vermiform appendix, or to a perforating gastric or duodenal ulcer. The most virulent organisms found in the peritoneum are, as elsewhere, usually streptococci. A streptococcal infection of the peritoneum, like that of the skin, may cause death from toxæmia in a few hours, although the local reaction is very moderate.

The terminations of inflammation of the peritoneum are the same as those of inflammation in other parts of the body; they are, resolution, fibrosis, and destruction, partial or complete.

1. Inflammation may cause nothing more than a passing hyperæmia (resolution).

2. It may end in the formation of adhesions (fibrosis).

3. In local destruction of peritoneum with abscess (partial destruction); or

4. In diffuse destruction with gangrene (total destruction).

Let us deal first with the cause of the peritonitis—germ invasion. When this was first realized every surgeon attempted to get rid of the cause—the germs—with the most appalling results. In a paper on appendicitis, which I wrote about twelve years ago, gave, after a short trial of them, an emphatic warning against these attempts, saying:

The more thorough the operation performed on these patients the more quickly they die.

We have had to learn by bitter experience in this, as in other domains of surgery, that the discovery of the germ producing the disturbance in no way aids us in curing the patient. A real cure, if it be ever found, will not arise from the gross mechanical methods employed by the surgeon.

The fact is that bacteriology has done such important work for surgery that now surgeons are obsessed by it, and despise the unaided use of their own senses, and the experience of their old masters. Until a wider outlook is taken, and more help can be given to the *vis medicatrix Naturæ*, the treatment of septic infection must be unsatisfactory. For surgical purposes the name of the organisms present, or even the fact of their presence, is of little avail, for we now know that no mechanical means can get rid of them, and that the name of the variety