Then, as the slough separates, the intestinal contents escape early and freely into the peritoneal cavity and there is rapid diffusion of infection throughout the cavity by means of the lymphatics. More frequently, separation of the slough is delayed; in that case the diffusion of infection is also delayed so that the symptoms are at first local and correspondingly milder. *Secondly,* from extension of the ulcerative process through the peritoneal coat the perforation may occur as a single small opening, usually at the bottom of a small ulcer formed by the destruction of a solitary gland; or a number of small cribriform openings may form at the base of a sloughing Peyer's patch. In such cases the peritonitis will usually be localized at first and become rather slowly diffused. A *third* form is described; after the sloughing and ulceration has extended to the subserous tissue rupture of the serous coat may result from various causes, such as the tension of peristalsis excited by irritant contents as milk curds and other undigested food; pressure on the abdominal contents during straining at stool or by external pressure; injury by coarse particles in the contents of the intestine, as the outer coat of grain in unstrained gruel, etc. In these cases, the opening being large and suddenly formed, the intestinal contents escape rapidly and widespread infection of the peritoneum quickly follows.

In the next place the symptoms of perforation vary according to the situation which the perforated bowel occupies in the abdominal cavity. The nearer it lies to the central part of the abdomen the more fulminating will be both the local and constitutional symptoms. Owing to its proximity to the central nerve structures in the abdominal cavity, the pain will be more sudden, extreme, and diffuse, so that it will give no indication as to the seat of the lesion. We meet with cases of appendicitis from time to time with symptoms of a similar character. In such cases the appendix extends far inwards into the umbilical region, and when it ruptures or becomes suddenly gangrenous there is sudden and virulent peritoneal infection. A similar condition may result from rupture of a septic gall-bladder. Any of these accidents will be rapidly followed by meteorism and spasm of the abdominal muscles. Shock will be extreme and sudden in development. Furthermore, owing to the great vascularity of the central portion of the peritoneal cavity, great facility is afforded for absorption, consequently toxæmia takes place with extreme rapidity. On the other hand the nearer the perforated bowel lies to the periphery of the abdomen the more focal will be the attendant phenomena, and the more accurately can it be localized by subjective as well as objective symptoms. In such