

giving aconite. If the case is not so urgent I am in the habit of dissolving one grain of sulphate of morphia in eight teaspoonfuls of water and giving a teaspoonful every 10, 15 or 20 minutes until relief is obtained. However, I am of the opinion that the hypodermatic method is the better one, except in children. When the acuteness and poignancy of the pain have been obtunded (for there is no disease in which the pain is more agonizing), I put the patient on full doses of pulverized opium, say two grains every two hours, and keep him narcotized, not, however, that he cannot be aroused, for I consider that dangerous; but, so he lies dozing and free from pain. The sooner this condition be brought on the better, and if two grains of opium every two hours will not have the desired effect (sleep, and freedom from pain), I increase the dose to three or four grains every two hours, or until the necessary effect is produced. I continue the opium in diminished or increased doses, as the exigency of the case may demand, until the pain and soreness of the abdomen have almost entirely vanished. When, in the course of the disease, symptoms of adynamia occur, as shown by subsultus tendinum, mild delirium, etc., I combine pulverized camphor, 2 to 5 grains, with each dose of the opium, and have had excellent results from its use. When the tongue is covered with a coat of a yellowish color, I have found a few small doses of calomel or grey powder have a good effect, but that mercury has any modifying effect on the serous inflammation has not been my experience. When there is impending or actual cardiac failure, as shown by the pulse, and diminished first sound of the heart, the quantity of opium must be lessened, and belladonna combined with the camphor. I have not found alcoholic stimulants so effective in this condition as have others. When there is failure of the respiratory centre, as shown by the slowness and shallowness of the respiratory effort, and which may be owing to the heroic doses of opium or the poison generated by the inflammation, it is imperative to diminish the quantity of opium, and give strychnia or nux vomica, with a strong infusion of coffee or tea. My experience is that opium is not nearly so paralyzing to the respiratory and circulatory centres as morphia, and, consequently, for years I have not given the latter except at the onset of the disease, when I wished to get a sudden and

rapid effect. When convalescence has set in, I think one or two grains of quinine 3 times a day is beneficial. As to the bowels, *I let them alone*, and if there is not an evacuation at the end of 10 or 12 days, providing the peritoneal inflammation has pretty well subsided, I administer an injection of warm water, and sometimes add to it four ounces of sweet oil. I have had much better results with letting the bowels alone and giving them rest than have those who have given laxatives, cathartics, or enemas, producing a passage every day or two. I have in some cases had to regret having opened the bowels *too soon*, but never for having waited until the acuteness of the attack was over and the inflammation had pretty well subsided. In reference to local medicated applications to the abdomen, the tincture of opium has given excellent results, and if there is much tympanites combining it with spirits of turpentine. Puncturing the inflated intestine with a hypodermic needle in this condition has not in my hands proved the success that might have been anticipated. Sometimes I have applied the blue ointment, but the oleate of mercury makes a much nicer and cleaner application. In case of lingering patches of inflammation, where it has been parietal, the application of cantharidal collodion has hastened resolution. Special attention must be given to the condition of the bladder, for there may be retention of urine, and which is frequently produced by the opium or the inflammation. In such cases the catheter must be used every 8 hours. For nourishment I confine the patient to a milk diet, and give it raw, boiled, or peptonized, as may best agree; sometimes diluting with lime water or chilling with ice is useful, if there is vomiting. If there are symptoms of sinking and prostration, to the milk I add cream, eggs, and whiskey. Beef tea or its essence I *taboo*, as it is apt to produce tympanites, and contains but a very small amount of nourishment.

As a general remark, I wish to put the fact on record, that acute ideopathic peritonitis is not a disease which always runs a typical course, as we might have been led to believe from its description in some of the books. Sometimes the pulse will be found slow, even below the normal, and not much changed in character, and the temperature normal, and in a few cases subnormal. Such patients are suspicious, require to be closely