

closing the wound to spread the omentum carefully over the surface of the small intestines and to fix it below with a suture in order to prevent the possibility of a coil becoming adherent to the line of incision. The wound, after the sutures are in place, should be dressed with dry sterile material and sealed so as to prevent infection by discharge from drainage tubes.

I am aware that many strongly object to evisceration and to temporary enterotomies, but practical experience has taught me that it is impossible to accomplish the object in general septic peritonitis without resorting to them. Contrary to the general opinion of the profession, I maintain that when these procedures are done with ordinary skill, instead of adding to the shock they produce the very opposite effect by making an otherwise almost impossible work comparatively easy. Moreover, enterotomy, by relieving bowel distention and permitting the escape of germ-laden matter, renders afterward vomiting and bowel paralysis much less probable.

The after treatment consists at first of the external application of heat, hypodermics of strychnia, normal saline solution, either by rectum or subcutaneously, and nutritive enemata. No food by mouth for four or five days. There is no objection to the patient having sips of warm water after the expiration of twenty-four hours.

It has fallen to my lot to operate three times for perforated gastric ulcer. All the patients are alive and well to-day. In two of them every portion of the peritoneal cavity contained pus, and partially organized flakes of lymph, and I am convinced that both would to-day occupy a grave had evisceration and enterotomy not been carried out.

In my paper, to which reference has already been made, attention is directed to the advisability in desperate cases of injecting a pint of peptonized milk, or other suitable nourishment, during the operation into the jejunum, and also when constipation is a factor, a saline cathartic into ascending colon. Both procedures may be accomplished in a few minutes by means of normal saline apparatus, but the needle should be large.

The local abscesses which result from minute perforations, when discovered, merely require to be treated in accordance with general surgical principles.