

I think your committee did wisely when they selected Acute Septic Peritonitis as the subject for discussion to-day. There is probably no subject of greater interest to the general practitioner no one that comes more closely home to him in his dealings with his patients.

There has been, in the past, too much difference of opinion as to the proper treatment of these cases and indeed too much haziness in the mind of the surgeon as to the proper interpretation of the pathological conditions found in a given case. But now, thanks largely to the laboratory work of the bacteriologist, certain data have been evolved which afford us fairly constant working rules in the treatment of these cases.

Before taking up the all-important question of the treatment of this dreaded condition, it will be profitable for us to discuss briefly the physiology of the peritoneum., as well as the varieties, etiology and pathology of acute septic peritonitis.

The layer of endothelial cells lining the peritoneum is, of course, the protection against the entrance of colon bacilli or other septic organisms. So long as this layer is intact and the peritoneum well supplied with blood, the patient is safe. But should these cells be injured or destroyed or removed from any cause—as for example by the meddling surgeon—there is no longer a barrier against the entrance septic material. The first line of defence, in other words, is destroyed and the issue must now be decided between the phagocytic army defending the citadel and the invading hordes of bacilli. Surely if we carefully consider these facts we must find a highly important lesson to apply to the treatment of the disease.

Mascarello and others have abundantly proven that the absorbing powers of the peritoneum increase as we ascend from the floor of the pelvis to the diaphragm and this would appear to be a fortunate thing because my own experience, at least, has taught me that the virulence of infection increases as we descend from a perforated gastric or duodenal ulcer to a gangrenous appendix or diseased fallopian tube.