

routine as the following. A few hours or days of expectancy, during which an attempt (generally futile) is made to discover its origin; next a course of medicinal treatment, consisting of saline purgation, administration of opium, with counter-irritation over the abdomen, or perhaps calomel in small doses, with or without sufficient opium to control pain; and, finally, when fatal collapse is impending, a resort to surgical treatment. Surely this order should be reversed? We no longer believe that peritonitis occurs spontaneously, and, in fact, in the great majority of cases we find on section that it is due to some condition which could not have been remedied by other than surgical means, as in the case here reported. To postpone the consideration of surgical treatment is in most cases to make it of no avail, while such postponement can never in any way improve the patient's chances when operation is finally resorted to. The question of operative treatment should be decided in every case *by the surgeon, at the very onset of the illness*, and before medical treatment, which in these cases is but a "leap in the dark," is begun. It is now universally admitted that a carefully performed exploratory operation upon the abdomen is in itself free from danger, and if the surgeon does not succeed in removing the source of the disease, the operation will at least enable the physician to pursue the further treatment of the case intelligently. In the vast majority of cases, however, the conditions will be found to call for surgical treatment, the success or failure of which will depend largely upon whether it is resorted to early or late.