

inflamed tissue is my excuse for the digression :—

"I would ask you to suppose a serous membrane inflamed—what happens when this takes place? When it is not traumatic, but dependent upon some internal cause (quite irrespective of any direct local lesion), almost immediately a considerable quantity of lymph is effused, and this after a time coagulates spontaneously upon the free surface of the serous membrane, and thus at once prevents the ill effects of further friction. If inflamed serous membranes are allowed constantly and freely to rub upon each other it is impossible but that the irritation must be considerably increased, but by the coagulation of the lymph upon the free surfaces, they are protected against direct friction. Such is the case in the opposed surfaces of the abdominal viscera and their parietes, or in the heart and the opposed surfaces of the pericardium. As soon as the lymph is poured out, the serous membrane, as far as it can be, is put in a state of rest or freedom from friction. When the original disturbing cause has become exhausted or removed, then I apprehend that in consequence of the rest which the serous membrane has experienced through the effused lymph, it is able to recover or resume its normal function of rapid absorption. Thus we see the effusion apparently performing two purposes—preventing the friction between two inflamed surfaces, and that being accomplished, giving nature a fair chance of removing the original disturbing cause. Here the rest has so far contributed to the restored integrity of the serous membrane, that it has enabled it to recover its natural function—that of rapid absorption, and the first act its of renewed health and vigor is to absorb that effusion, which was the primary result, whatever the disturbing cause might have been. Thus, then, the lymph prevents friction and aids absorption. In this way I apprehend, nature does her best to repair injuries, whether they be the result simply of accident or other excitant of the inflammatory condition."

As these are the words of a man of great learning and sound professional skill, they are worthy of deepest consideration and attention, serving as a guide or finger-board to show us the way to a safe termination of acute inflammatory diseases. To resume: On the onset or beginning of the disease the sufferer should be undressed and put into a comfortable bed, and absolute rest of body

enjoined. Great relief is often experienced from the application of heat to the abdomen; quite frequently more relief is obtained by moist than dry heat, and for which purpose a flannel or piece of spongiopiline wrung out of very hot water should be applied to the belly. When hot water is not obtainable and the onset of the disease is sudden and abrupt (almost explosive, as it were), as it very frequently is, a plate heated in the oven, or a hot stove lid wrapped in a piece of wetted flannel can be used until better and more effective means can be obtained. Care should be taken not to burn or scald the abdomen, as I have witnessed on several occasions, as it is wonderful the degree of heat which the sufferer is able to bear in the explosive form of onset or attack. In robust and healthy young subjects the abstraction of 12 to 16 oz. of blood from the arm by venesection has in my hands sometimes nipped the disease in the bud, and, as it were, extinguished the conflagration. I would only advise venesection when the attack is very acute; in robust young males, and not later than twelve hours after the advent of the disease. The opening in the vein should be large, the abstraction of the blood rapid, so that a sudden impression be made on the system. The effect produced, not the quantity of blood lost, is the proper guide. If the pulse is rapid and hard I give one drop of fluid extract of aconite root every fifteen minutes, until the pulso becomes softer and the skin moist. However, great care and caution are required to not continue the aconite too long, for sudden depression and adynamic symptoms may suddenly and unexpectedly supervene in this disease. I now come to speak of what I conceive to be the true and essential treatment of acute idiopathic peritonitis, as I consider the foregoing but auxiliary and subsidiary thereto—I mean *full and repeated doses of opium*. When called to a case, if the pain is severe, and there is great uneasiness, as shown by the patient frequently changing his attitude and making outcry, or there is a condition of shock, sometimes as severe as after a grave injury, and very much more alarming both to physician and friends, it has been my rule to administer hypodermatically from one-fourth to a half grain of sulphate of morphia, and to repeat in half an hour until the pain is subdued and the patient is easy. Of course in such a case I would not think of