

of the products of inflammation. These products of inflammation must, therefore, be conveyed almost directly by both sets of vessels to the lungs. If the result is beneficial to the patient, then we may assume that in the lungs and in the other excretory organs the poisons produced in the peritoneal cavity are successfully eliminated.

I think it was John Hunter who said, "Don't think, try it." I have tried it in the following cases, which I shall report very briefly:

Case I. There was admitted to my ward in the Montreal General Hospital in 1899, a young man, 25 years of age, in a collapsed condition. He was vomiting and had a distended abdomen. His respiration was rapid, his pulse 140. He had been treated for appendicitis, and perforation was said to have occurred fifteen hours before admission. I felt that the administration of an anæsthetic would in all probability prove fatal, and that it would be unwise to attempt any operative interference. I decided, however, to make a small incision in the median line with the aid of cocaine. This was done and a considerable quantity of sero-purulent fluid escaped. The soft rubber tube of an irrigator was inserted through the wound and the lower abdomen and pelvis washed out as well as possible with normal saline solution. He was then given hypodermics of morphine, gr. $\frac{1}{4}$, about every four hours. The next day he had a rigor and developed a scarlatiniform rash. He was isolated; desquamation occurred at the usual time, and he made a good recovery. He returned some months later and his appendix was removed by one of my colleagues. The man is now, I believe, in good health.

Whether or not the scarlatina influenced favourably the subsequent course of the peritonitis I am unable to say. I may say, however, that some years after this I operated very rapidly on a child about six years of age that was suffering from peritonitis, the result of perforative peritonitis. The next day the temperature rose to 106° F., and all the symptoms of scarlatina developed. This child also recovered. In this connection I may also say that I have used antistreptococcal serum without any apparent benefit.

Case II. My second case was a little girl, aged 6 years, admitted on 21st January, 1900, suffering from perforated appendix and general peritonitis with abdominal distension. The temperature was 102.5° F., pulse 144, respiration 40. An anæsthetic was administered, the appendix removed, and the abdomen washed out with normal saline solution. This child was given hypodermically $\frac{1}{32}$ grain of morphine on an average every six hours for nine days. She recovered slowly. After leaving the hospital the child gained strength, got fat and strong, and seemed for months to be quite well. She