have shown that the peritoneal serosa manifests the greatest capacity for resorption at the level of the sub-diaphragmatic spaces, and Noetzel[17] has demonstrated its defensive reaction in regard to infection. The great omentum, which is very movable and is supplied abundantly with lymphatics, plays an important rôle in the defence of the peritoneum, as does also the natural tendency, which is present in many instances, for the inflammation to become encysted. One of the great advantages of the dry method, as compared with that of flushing out the peritoneal cavity, is that it occupies much less time, and thus tends to minimize shock.

Murphy and other American surgeons are of opinion that the one essential point is that the primary cause of the condition should be removed with as little delay and injury to the peritoneum as possible, and with a minimum amount of narcosis. As the exudation itself possesses bactericidal properties, and is therefore an important factor in defence, it appears inadvisable to attempt thorough cleansing of the peritoneal cavity. Murphy has accordingly abandoned both flushing and mopping, believing that these measures tend to reduce the protective forces of the serosa, as represented by the leucocytes, and leaves the toxic material which still remains in the cavity to be dealt with by the natural resistance of the serosa. Bauer[18] recommends that the fibrinous or fibrinopurulent deposits, which are observed on the intestines in some cases, should also not be interfered with.

As opposed to Murphy's opinion, some surgeons, including Körte, Kochler[19], Lennander[20], Von Eiselsberg[21], Bruns[22], Kümmell[23], Rehn and Noetzel[17], still maintain that great service is rendered to the organism by removal of as much of the septic material as possible, and that whilst flushing is suitable in some cases, mopping is preferable in others. Rutherford Morison reserves cleansing the peritoneum for cases in which operation has been done at an early stage, and there has been extensive extravasation into the peritoneal cavity, as in rupture of a viscus.

Some surgeons, including Bond[24] and Blake[25], whilst not in favor of flushing as a routine procedure, recommend it in cases in which foreign material other than pus is present, such as particles of food and feces.

I am personally thoroughly in accord with Murphy's opinion in this regard, and abandoned the practice of flushing out the abdomen many years ago. Neither am I in the habit of mopping out the pus; but my object in these cases is, first of all, to remove the cause of the peritonitis, and secondly to provide drainage.