

3. Pug dog. Abdomen opened. Omentum and bowel pinched in several places. A broth-culture containing staphylococcus aureus and albus was introduced.

After twenty-four hours, during which time the dog was very languid, the wound was reopened.

Dark congestion of the parietal peritoneum, intestines and omentum was found in the lower part of the abdomen; recent adhesions were present, and a little flaky serum was found.

The adhesions were separated and the peritoneal cavity thoroughly irrigated with a formalin solution (1 in 1000), the belly being left as full as possible when the abdominal incision was closed.

For a few days the dog was languid, but did not vomit nor show any special symptoms. Very soon he was running about apparently quite well.

4. Spaniel. Peritoneal cavity opened. Bowel and omentum pinched and scraped in several places. Blood allowed to enter. Fluid cultures of staphylococcus albus and streptococcus were introduced. In twenty-four hours the belly was reopened. Peritonitis was in progress.

Recent adhesions were broken up, the cavity being thoroughly irrigated with formalin solution (1 in 2000), a large quantity being left in the belly before it was closed.

The dog was languid for a short time, but soon got well, no signs of illness being noted.

5. Terrier. Abdomen opened. Omentum and bowel pinched and scraped in several places, some blood being allowed to enter.

Fluid cultures of streptococcus and staphylococcus aureus were introduced. After forty-eight hours the belly was reopened. Marked peritonitis existed, recent adhesions being numerous.

A considerable quantity of flaky serum was present. The adhesions were separated and irrigation was carried out with formalin solution (1 in 500), the belly being left as full as possible when the incision was closed.

Besides languor, which lasted for a few days, no special symptoms were noted, and the dog soon moved about in a perfectly healthy manner.

In operating in the above cases for the purpose of introducing the infective material, no attempt was made at cleanliness in my technique, in order that the chance of infection might be greater.

The results obtained are undoubtedly of great interest. It is, of course, possible that in no instance was the infection severe enough to cause a fatal peritonitis, so that it might be urged that the opening of