

innumerable drainage tubes carrying away the diseased products from the peritoneum to the intestinal canal.

The method of using the continuous saline is vitally important. At first, one is prone to use a stream which is too large for the absorbing powers of the patient with the result of intestinal irritation and expulsion. The reservoir should not be more than 18 inches above the level of the anus. Attached to the distal end of the rubber tube should be a small nozzle with *several* perforations. This nozzle is placed just within the spincter and may be kept in position by adhesive strapping over the buttocks. Then the rubber tube should be clipped by a pair of forceps until the stream is so small (perhaps even drop by drop) that it is absorbed as quickly as it enters. By this method irritation and expulsion are avoided.

One of the greatest dangers now threatening the patient is intestinal dilatation and paresis, because in that condition the colon bacillus can pass freely from the bowel to the peritoneal cavity. Recognizing this danger an early duty is to see to the evacuation of the intestines. I like to wash out the bowels by a high enema shortly after the operation and 24 hours later to administer a saline purgative by the mouth. Strychnine is given to induce contraction and for the same reason morphia is studiously avoided. Morphia is objectionable because it masks symptoms, it encourages paresis and above all, it has been shown that it limits leucocytosis and would thus appear to be a dangerous drug to use in these cases, either before or after operation.

If I have not already exhausted your patience, I should like to say a few words regarding the third class of acute septic peritonitis, which is neither circumscribed nor general and which I have called *diffuse*. Every operating surgeon has met with these cases more particularly in connection with a gangrenous or perforated appendix. The onset has been so rapid that there has been no time for reaction and no effort has as yet been made to wall off the pus or to localize the dis-