ten per minute, and until the patient appears to be well narcotized. Pain is relieved, the pulse-rate is reduced, and I believe that the most important feature is that absorption is retarded.

Gonorrheal peritonitis seems to differ from other forms. It is questionable whether interference is advisable or not. Interference is liable to produce a wide distribution of this virulent poison and to favor a greater amount of absorption. Adhesions appear to form more rapidly in cases of gonorrheal infection than in other forms of peritonitis and here a distended abdomen, high temperature and rapid pulse do not seem to indicate as frequently a fatal termination as in the other forms of peritonitis. Absorption appears to be retarded owing to the rapid formation of adhesions. In cases of acute general gonorrheal peritonitis in which the aid of surgery has been invoked, my experience has not been assuring, while the results in such cases when treated with rest and opium have been very gratifying.

The patients under my care are allowed to adopt any posture that suits them, but they are not allowed to sit up.

And now in closing, allow me to say, that I reached the conclusions embodied in this imperfect and necessarily short discussion of an important subject after years of practical experience, and can conscientiously advise a younger generation of surgeons in the treatment of acute general septic peritonitis above all *to operate early, to incise amply, to repair carefully, to wash thoroughly, to manipulate gently, to perform rapidly, to close completely* and then to narcotize deeply. In my opinion all else will be of secondary importance in the present state of our knowledge.

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