

THE TREATMENT OF ACUTE GENERAL SEPTIC PERITONITIS.

BY
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THE treatment of acute general septic peritonitis must necessarily be medical and surgical; in truth, it should be stated that the treatment should be surgical and medical; surgical in its infancy—at its very commencement—and medical after the case has advanced beyond the reach of surgery, when surgical interference will tip the scale the wrong way. Surgical interference should be carried out as soon as the disease can be diagnosed and, in order that it may be diagnosed early, opiates should be withheld whenever this is possible. "Surgery early and opium late," is what I would advise. When the pulse is very rapid, the extremities cold and livid, the abdomen greatly distended, the knife should not be used; it will do no good and may do very much harm. Even the administration of an anesthetic will do harm to a patient in such a desperate condition. The treatment at this time should be medical, and no better treatment can be adopted than that outlined years ago by Alonzo Clark before the days of surgical interference. By means of large doses of opium we prevent absorption of the toxins and tide the patient over to a rapidly approaching period of immunity or phagocytosis. Many of them that appear to be in a hopeless condition will recover. When I have operated on such patients they have succumbed in a very short time, and I have long since given up the practice. It is unfortunate, however that the patients should reach such a condition without having received the benefit of modern surgical procedures. Operation should be performed early, it should be performed rapidly, it should be performed thoroughly, and the chances of any subsequent infection should be removed by the complete closure of the abdominal cavity. I look upon the most important symptom