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SOME CASES OF EXTRA- AND INTRA-PERITONEAL INFLAMMATION WITH AND WITHOUT ABSCESS FORMATION; A PLEA FOR THE OPERATIVE TREATMENT OF PERITONITIS.*

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Gentlemen,—I feel that this paper is very imperfect. It has been thrown together rather hastily, its only merit being its originality. I have not endeavored to pad it from the experience of others as culled from a library, but have made it practical. It includes many cases that bear on the subject of operative interference for cases of traumatic lesions in the neighborhood of the peritoneal cavity, still decried by many of the old school. It simply puts forth a few of my own convictions, to be accepted or rejected by you as you see fit.

No. 1.—While in general practice some five years ago, I was sent for by a gentleman to see his five-year-old daughter, who had been taken suddenly ill, with "pain in the stomach and vomiting." On reaching the house I learned that the child had fallen over the high end of the sofa on the preceding day. She had climbed up on the end, and, on account of her weight overbalancing it, it tipped up and she fell. She felt faint and sick at the time, but soon went on with her play in a half-hearted sort of way. I found her about fourteen hours after with a rapid pulse, knees drawn up, and complaining of severe pain over the belly. The pain caused her to scream and cry out in a most distressing manner. Tympanitic distention soon set in. I treated the case as one of peritonitis, after the usual method of that time, but she gradually grew worse. For weeks she lay in this condition, hanging between life and death. Many consultations were held, and all agreed that the case was hopeless, though as a matter of policy we held out the barest possibility of a recovery. The father, who was very sanguine, would soon have dismissed any physician who gave no hope. The pulse at times could scarcely be counted. At last a dulness in the right lower portion of the abdomen could be distinctly mapped out, extending to the middle line. The tympanites was still very distressing, the body terribly emaciated, but the patient seemed possessed of enormous vitality. She had been blistered and poulticed very faithfully. Irritation of the bladder set in. The child seemed about to succumb to this last distress when pus suddenly appeared in the urine, and the bladder symptoms were, to some extent, relieved. Pus continued to come in this way for some weeks, but the abdominal symptoms improved. Tympanites disappeared, pulse became slower, and though the temperature still ran high, the patient gained strength. Convalescence was very slow, but the little girl is now the very picture of health.

No. 2.—N. R., æt. 9, a bright, healthy child, was out playing ball with some other children. The ball struck her in the abdomen, giving her pain at the time. Through the night she was seized with vomiting and pain in the belly. Her mother thought that she had perhaps eaten something that disagreed. I saw her the next day, and found her lying with her knees drawn up, abdomen distended, and retching violently. She was screaming out with pain. The usual treatment was adopted. Dr. H. H. Wright saw the case in consultation and agreed with my diagnosis of acute peritonitis. The temperature remained high, and the patient died in a few days.

No. 3.—A little boy was admitted into the Children's Hospital under my care. He had been playing "tip cat," with his companions, a most dangerous game, and the cat, a piece of wood with which all boys are familiar, struck him a violent blow in the right inguinal region. Symptoms of localized peritonitis came on; a large mass gradually devcloped over the seat of injury and gradu-

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