abdominal pools many years after the patient suffered from a severe attack of general septic peritonitis. The fluid shows that the illness was a desperate one and, in fact, operation may be undertaken as a consequence of the presence of some ill-defined thickening in the pelvis or loin, and it is not until after the abdomen has been opened that the riddle is read. These pools I have met with in cases that I attempted in my ignorance to drain at the time of the primary operation. When drainage is instituted, convalescence is impeded, much discomfort to the patient is produced, subsequent herniæ are liable to result, and there is an added danger of further infection from a multiplicity of wounds.

The sitting posture has taken such a hold on the profession that operations are performed with the patient in this posture, and the patients are then carried back to bed while still in this position, although before operation they have been allowed to lie, alas, for days with septic fluids flooding all areas. But the position is supposed to obviate all this and I am afraid that even poor Fowler died in the position in which he placed so much confidence. It is said that the enfeebled heart acts better when the patient is in the erect posture.

The elimination of toxins by the addition of large quantities of saline solution to the blood has been heralded abroad among the profession, but I have yet to learn that any research-worker has demonstrated it as an actual fact. I use the saline solutions, accepting blindly, like many others, suggestions that fall by the wayside, but am not convinced that this subcutaneous and rectal treatment does what is claimed for it. I do not believe that there is an increased risk in a case of acute general septic peritonitis of absorption from any one zone over any other zone. Zones are all equally bad, and were it not for certain compensating factors the infection of any of the zones would prove fatal.

The mere opening of the abdomen is not sufficient to relieve the intraabdominal pressure, the abdominal muscles will be as much on guard as before and the pressure will still continue unless the intestines are extruded from the cavity.

It became fashionable to condemn opium after operation because it did so much harm before the surgeon saw the case by masking the symptoms and instituting a false security. But in cases beyond any hope from operation, and in all cases of acute general septic peritonitis after operation, I use opium in very large quantities until the respirations are reduced to about