

tered, I have the stomach washed out before the patient leaves the operating table, and while yet somewhat under the influence of the anæsthetic. It gives relief in the lessening of vomiting. If the contents of the upper bowel are regurgitating into the stomach, the lavage may be repeated one or more times. By emptying the stomach it also promotes better breathing and lessens peristalsis.

(2) The withholding of all food from the stomach and the substitution of rectal feeding. The withholding of food not only lessens vomiting, but also lessens peristalsis.

(3) The administration of opium, generally in the form of hypodermic injections of morphine. I wish it to be understood that my advocacy of opium refers exclusively to its use in the after-treatment of cases of peritonitis, after the initial lesion or cause has received attention. Its use before operation is, in my opinion, to be strongly condemned, as also its use with a view to the doing away of the necessity for operation.

After the cause of the peritonitis has been considered and dealt with so far as possible, then opium may be, I think, administered with benefit. As you are all aware, the practice of administering opium in peritonitis is not new. Before as much was known of the disease, especially concerning its causes, as we now know, the most successful was the opium treatment. The knowledge of its usefulness was of gradual growth, until, finally, Professor Alonzo Clark grasped the idea of its therapeutic value and popularized its use. Just how opium does good is not easily told. It is clearly known that patients suffering from peritonitis have an increased tolerance of opium. The late Austin Flint, in his *Practice of Medicine*, published in 1873, tells of a case of peritonitis under the care of Prof. Clark in which huge doses of opium were administered with impunity and apparent benefit. The patient took the first 26 hours a quantity of opium and morphine equivalent to 106 grains of opium, in the second 24 hours she took 472 grains, on the third day 236 grains, on the fourth day 120 grains, on the fifth day 64 grains, on the sixth day 22 grains, on the seventh day 8 grains, after which the treatment was suspended. This patient, Professor Clark had reason to believe, "was not accustomed to the use of opium in health and was not intemperate." Why this lessened susceptibility to opium I do not know unless it is antidotal to some poison present in the system.

I believe one advantage gained by the exhibition of opium is its influence in lessening peristalsis, and that the lessening or arrest of peristalsis lessens the spread of infection, lessens the production of toxins, and increases the formation of limiting adhesions. These