

Forty-seven cases of general peritonitis were operated upon, thirty-one died and sixteen recovered. I refer only to cases in which pus was distributed all over the abdominal cavity, in which the intestines were reddened and the patients were in an extremely dangerous and even desperate condition. In the first series, fifteen cases were operated on, thirteen died and two recovered, a percentage of recoveries of only thirteen. In the second series twenty-one cases were operated on, fifteen died and six recovered, a percentage of recoveries of twenty-nine. In the third series (not as yet completed) eleven cases were operated on, three died and eight recovered, a percentage of recoveries of seventy-three. The last death, I may say, occurred but recently, tending to reduce the percentage of recoveries in the last series.

In the first series the intraperitoneal wash used was plain water, and the subsequent treatment adopted was the administration of purgatives. In the second series some were washed with plain water and others were washed with normal saline solution, and in some cases purgatives were administered, and in others opium was given. In the third series the intraperitoneal wash used was normal saline solution and opium was administered in large doses whenever it was supposed to be indicated.

It is my intention to speak of the treatment adopted in the last series. The method adopted is as follows: The abdomen is opened by an incision large enough to insure rapid and thorough work. The cause of the peritonitis is, if possible, located and surgically treated, so that it is eliminated as a subsequent factor in the case. The attention is then turned to the diseased membrane, the peritoneum itself covering intestines, liver, spleen and pelvic organs. It must be remembered that in the peritoneal cavity are five distinct pouches in which septic material readily lodges, namely, the post-hepatic pouch, the post-splenic pouch, the two lumbar pouches, and the large pouch of the pelvis. Each of these is thoroughly douched in turn by a strong stream of normal saline solution heated to a temperature of about 100 degrees F. It is useless to wash the pus from one pouch without thoroughly cleansing it from the others. The instrument found most useful for reaching the different pouches is a medium-sized Tait's ovariectomy trocar of ample calibre, dull at the point, and with large lateral perforations near the end, through which the fluid is introduced into the peritoneal cavity. If this washing cannot be accomplished without partial or total removal of the intestines through the opening there is no reason why the intestines should not be lifted out. It is now believed that in prolonged operations for the resection of intestine the constant douching of the parts with a warm normal saline solution prevents shock.