without delay. Formerly people said, "Wait till to-morrow." Now they say, "Why not attend to this at once?" We hope that the time may arrive when there will be very few cases of diffuse purulent peritonitis, particularly from perforation of the appendix. However, such cases will be met with from time to time, and must be treated accordingly. When once the patient has become greatly distended, and there are signs of impending early dissolution, it is not wise to operate. We must see these patients before this period is reached.

From perforation of the appendix, in my list, twenty-two died, nineteen recovered only after a terrible struggle, and every one of these might have been saved by early operation. And, then, in this list those cases of perforation without diffuse purulent peritonitis that lost their lives from profound sepsis are not included. We see from scanning the list that perforation of the appendix caused diffuse purulent peritonitis in forty-one cases, and that there were only twenty cases from all the other causes combined.

One of the most unfortunate cases dealt with was No. 374. A young woman had submitted to a dilatation of the uterus for the relief of dysmenorrhea. Pain set in, and when I saw her she was very much distended and in a desperate condition. Notwithstanding what I thought at that time to be a thorough washing and drainage, she succumbed.

A large incision is essential in all cases.

Now, just a word, as to the replacing of the intestines after washing has been carried out. Some may think that this is difficult. It can be easily accomplished if the assistant, turning the palms of the hands outwards, grasps the two sides of the incision, and lifts up as if he intended to lift the patient off the table. The abdominal parietes are thus elevated and the intestines are readily replaced by the operator.

Must a surgeon be brave to close such an abdomen? I had that feeling at first, and closed my first case with fear and trembling. Many comments were made by those who saw it done, but the patient recovered.

In a recent discussion of this subject, after Dr. J. B. Murphy, of Chicago, had read a paper on the treatment of diffuse purulent peritonitis, I gave the results of my experience, as prepared for, but not given, at the meeting of the British Medical Association. It seemed odd that we should both obtain such a marked improvement in our statistics by two diametrically opposed methods of procedure. Murphy stated that he adopted a plan whereby he first relieved pressure