

abdominal conditions, exclusive of disease involving the gastrointestinal tract, without a death, and without any precautions other than careful attention to technique.

They claim, also, that these injections are useful as a test of individual resistance to infection. A violent reaction with toxic symptoms, and with only slight leucocytosis or no leucocytosis at all, indicates that resistance has been reduced to a minimum, whilst a moderate general reaction and marked leucocytosis indicates that the defences are powerful, and that operation may therefore be undertaken with a favorable prognosis. Their investigations have shown that the injections increase the bactericidal properties of the serum in regard to the colon bacillus, but have no influence on the streptococcus and staphylococcus.

Mortality has recently been very much reduced by the early recognition of appendicitis, which is the most common cause of peritonitis, and the removal of the appendix before the inflammation has extended to the peritoneum. In the rare cases in which the onset of peritonitis is coincident with perforation of the diseased appendix, disease of which has previously been latent as regards the production of symptoms, operation should be undertaken before inflammation of the serosa becomes very severe and extensive. I should like here again to emphasize the importance of a very rapidly performed operation. A diagnosis of the probable cause of the peritonitis should be made before the commencement of the operation, and during the operation it should be removed as promptly as possible.

All surgeons and the majority of physicians are now agreed that operation is invariably indicated in all cases of diffuse peritonitis. The only exception to this rule is pneumococcal peritonitis, in which, as previously stated, it is advisable to wait for the formation of an abscess. If no contra-indication is present laparotomy should be undertaken without delay in all cases in which diffuse peritonitis is suspected, even if pus cannot be demonstrated. Early operation has frequently revealed the presence of advanced peritoneal inflammation and purulent exudation in cases in which the only symptoms were localized pain and rigidity. If, in such cases, measures for the relief of pain only had been adopted, the condition would probably have become so advanced that little benefit could have been expected from operation. Up to the present, the so-called "muscular defence" is the only generally recognized early symptom, but the general condition of the patient may be of assistance in early diagnosis.