

perforation of the biliary bladder, did not come under observation for some considerable time after the onset of symptoms, and all died. The patient with perforation of the biliary bladder was not operated upon until four days after perforation had occurred.

The results in these cases confirm the assumption that early intervention is the most important factor in success, *and indicate that the fate of the patient is therefore dependent upon the early diagnosis made by the physician, and upon the prompt removal of the primary cause of the peritonitis.* Further support is given to this view by the fifty cases with only two deaths reported by Murphy, all of which were operated upon within three to forty hours after the onset of symptoms.

As regards ulcer of the stomach and duodenum, Terrier and Hartmann⁵⁰ report fifty-three cases operated upon within twelve hours with 16 deaths (30%); 38 operated upon in from twelve to twenty-four hours, with 22 deaths (58%), and 29 in from twenty-four to forty-eight hours, with 22 deaths (76%).

Siegel states that in peritonitis due to abdominal wounds involving the digestive tract, operation within the first four hours had a mortality of 15%; within five to eight hours, 44%; within nine to twelve hours, 66.6%; and after twelve hours, 70%.

A few surgeons have recently reported good results from primary suture of the wound without drainage in cases of peritonitis operated upon at an early stage.

In Professor Rotter's clinic, 151 cases of appendicular peritonitis were operated upon between January, 1910, and October, 1911. In the thirty cases in which drainage was employed there were twelve deaths (40%), whilst in the one hundred and twenty-one cases which were treated by primary suture there were only 20 deaths (16.5%). As previously stated, he now provides for drainage in exceptional cases only.

Bauer is one of the most ardent advocates of primary suture, and spoke in favor of it at the meetings of the Danischen Chirurgischen Gesellschaft in 1910 and 1911. In 1911, he reported 115 cases of appendicular peritonitis, 67 of which were treated by primary suture, with 62 cures and 5 deaths (7.5%), and 38 by drainage, with 32 cures and 6 deaths (16.5%). Of 14 cases due to perforation of gastric or duodenal ulcer, 10 were treated by primary suture, with 2 deaths (20%), 4 by drainage, with 2 deaths (50%). Ten cases were due to pyosalpinx. Of the five cases which were sutured without drainage, all recovered, whilst of the five in which drainage was employed one died. Of the remaining 15 cases (cholecystitis, typhoid perforation, perforation of gastro-intestinal