

was receiving the hearty eulogies of his *confrères*, it was then that a distinguished surgeon made the congratulatory declaration that "surgery had made such rapid strides in the field of investigation that we now knew that the man who had made a diagnosis of idiopathic peritonitis had made an idiotic diagnosis."

So crisp an aphorism (if true) deserves an eternal abiding place in the annals of surgery, and if not true should be banished as speedily as possible from the literature of human misery. So strong a reflection on the wisdom and records of our professional ancestors deserves, at least, to not go unchallenged, and I humbly submit that the proofs of these very wide premises are yet a long way from complete. That in the olden days, and in the days not yet very old, the causation of many of the forms of peritonitis was terribly misunderstood must, of course, be conceded, but I have proofs enough to convince me that the modern pathologist who believes he has already put his finger on all the causes of this deadly disease may some of these days still find a surprise in store for him.

In the strictest application of the term there may really be no idiopathic peritonitis, and, in a very strict use of the term, perhaps no idiopathic anything; but that there are causes of peritonitic inflammation not yet named by Dr. Park, or any of his coadjutors (in so far as I know) I believe I am absolutely confident of.

The youth who lies down warm on the ice or damp ground, and has a peritonitis the day following, is said to have rheumatism of the peritoneum, though one of the most distinguished authors of our time declares he has never seen such a case and gives not a hint that anti-rheumatic treatment would save the boy. Dr. Park doubts, too, if this variety of the disease does exist, or the malarial type as purely malarial, and asks us to believe that aside from scurvy and Bright's disease, and purely consecutive of perforative or traumatic, all other cases of peritonitis found are always the result of an infection, and that infection by way of the appendix. This, of course, without regard to malignant or tubercular or latent peritonitis, none of which can have any special part in the discussion of this question.

With all the distinguished essayist's conclusions thus far I have no desire to strongly differ, except to suggest that we must accept the so-called rheumatic type under some better appellation, or dissent from any plan of accounting for it by the term "infection." The streptococcus and staphylococcus cannot have any causative part in such a case as this, and it is overmuch to ask without absolute proof that we accept colon infection as the responsible source. But, admitting that all ordinary cases of peritonitis are infectious and none