

The Canada Medical Record

VOL. XIX.

MONTREAL, FEBRUARY, 1891.

No. 5

CONTENTS.

ORIGINAL COMMUNICATIONS.	Stated Meeting, December 5th, 1890 . 108	Dietetic Rules in Diseases of the Digestive Organs—Treatment of Habitual Constipation..... 118
Medical Treatment of Peritonitis.... 97		
CORRESPONDENCE.	PROGRESS OF SCIENCE.	
Our Berlin Letter..... 101	Atmospheric Tractor..... 110	News Items..... 118
SOCIETY PROCEEDINGS.	Apollinaris Spring..... 114	EDITORIAL.
Medico-Chirurgical Society of Montreal. Stated Meeting, November 7th, 1890..... 104	Argyle-Robertson Pupil..... 115	The Koch Treatment..... 119
Stated Meeting, November 21st, 1890. 106	Treatment of Diabetes Mellitus..... 116	
	Therapeutics of Intestinal Absorption—Chloride of Sodium as an Antiseptic—A New Test for Lead 117	Obituary—Dr. Albert P. Scott..... 120

Original Communications.

THE MEDICAL TREATMENT OF PERITONITIS.

By Joseph Eichberg, M. D., of Cincinnati, Ohio.

The treatment of peritonitis must necessarily be adapted to the cause, and varies greatly as we are dealing with a primary or a secondary form of the affection. Yet, in many cases, the search for the cause is neither easy nor successful; and while uncertainty on this point may exist, our duty to the patient demands prompt action. The whole history of this affection is so recent that it is rather to be marvelled at that the plan of treatment now generally adopted has been matured in so short a time, and that, if properly carried out, it will in many cases prove so successful, independent of the causal condition.

A moment's consideration of the natural function of the peritoneum will help us considerably to understand why certain measures must be used to attain a favorable issue. As a delicate, smooth investment of nearly all the important organs of the abdominal cavity, its presence greatly facilitates those constant changes of size, position, and mutual relation that result from the various phases of the digestive process; its surface, kept constantly moist by the lymph that finds its way into the cavity, is never with an excess of fluid, because of stomata, or little lymph-mouths, that readily afford exit into the lymphatic circulation of any fluid that may accumulate in undue proportions—under physiological conditions.

With the appearance of inflammation the smooth, pliant, moist covering of the abdominal viscera becomes turgid and roughened, its surface covered with a viscid rather than a liquid product, its stomata closed, its cavity filled with

the accumulated inflammatory exudations, for which there is no escape. It is now that the necessity for treatment arises. The patient, in the great majority of cases, experiences that symptom, common to many affections, of pain, and pain in a most severe and intolerable form. It is here that we have an indication both causal and symptomatic, for pain itself is prostrating, and pain will kill. The organs covered by the peritoneum are richly supplied with nervous connections, and through these they influence by reflex action the heart and circulation. We know the sudden, it may be fatal, collapse that follows a severe blow or injury upon the abdomen, and it is not difficult to believe that an irritation of less intensity and longer duration would bring about similar results. The pain in peritonitis is continuous, exaggerated by every movement, by every breath; it excludes every other consideration, and prevents sleep and needed rest. It is here that opium comes to our aid—the sheet anchor, as it has been called, in peritonitis, the splint to the wounded peritoneum. I speak now of cases of acute diffuse peritonitis, the cases that are commonly met with.

It has seemed singular to me, after all that has been written and spoken upon this subject, that it should so frequently be necessary to encourage physicians to a more ready resort to this agent. It would seem that the proper amount of attention has not been given to the teachings of Alonzo Clark, who has summed up his own therapeutic experience of more than fifty years in the article upon this subject in Pepper's *System of Medicine*. Why it is that where such obvious indications for a remedy exist, so many medical men manifest an ill-founded timidity I cannot understand. Assuredly, it cannot be the fault of their teaching; and if they only dared to use it properly, their first experience with