

twenty inches by two chairs. In order to prevent the patient from sliding down in bed, a bolster is placed below the buttocks, and fixed to the head of the bed by strips of roller bandage.

In order to facilitate the maintenance of the Fowler position, I have, during the last two or three years, been using a Gatch bed, which I have found of the greatest possible value. It not only ensures the patients' being kept in the Fowler position, but they find it so comfortable that after it has been decided that they need no longer be kept in this position they frequently ask to be allowed to remain on the Gatch bed, as they find it very much more comfortable than the prone position, and infinitely more comfortable than sitting up with a back rest and the bolster, as referred to above.

Walther, of Paris, has recommended lateral decubitus as a substitute for the Fowler position, but in my opinion without good reason.

The chief object of Murphy's method of proctolysis is the prevention of peritoneal resorption. The fluid absorbed by the rectum increases diuresis, assuages thirst, and improves the pulse and general condition. Murphy uses a solution of 7 grains each of chloride of sodium and chloride of calcium to 1,000 of water, at a temperature of about 38 degrees C., and finds that nine to ten litres, entering the rectum in twenty-four hours, can be tolerated without inconvenience to the patient. This method of treatment, together with the Fowler position, are the chief factors in the tremendous improvement in the results obtained in the treatment of diffuse peritonitis.

One of the characteristics of saline solution is its tendency to produce hyperemia, and in this connection it should be remembered that Bier teaches that hyperemia exerts a highly antibacterial influence. Noetzel has also demonstrated that intense hyperemia, with abundant secretion of leucocytes, may be produced by warm saline solution.

In cardiac collapse, the intravenous infusion of normal saline containing a few drops of adrenalin, as recommended by Heidenhain²⁸, may be useful, and the same may be said of subcutaneous injections of camphorated oil, ether, caffeine or strychnine.

Halpenny and Gorell³⁴ suggest the possibility that the beneficial effects of saline per rectum may be due to the very marked dilution of the toxins, which facilitates their neutralization, and thus increases resistance to the toxemia.

Koch³⁵ states that in his experience appendicostomy has been much more beneficial in the treatment of peritonitis than continu-