

a specially diverse variation of that *morbo sacro* (I do not repeat this synonym without reason) is a step which, even to the least learned in psychic materia, is not difficult. For those who do not know that in many cases the entire attack consists only in a violent excitation of a single sense followed by amnesia, I mention a patient of mine who is seized by a motorial attack, now only by vertigo accompanied by the sight of a bright yellow light; and another whose attack, preceded by aura, consisted in atrocious crural and brachial neuralgia, followed by amnesia. I will add that in some not only the attack, but the whole life, records the psychic phenomenology of the epileptic; but over and above all the example adopted here of Napoleon is enough.—Lombroso: *Rivista d'Italia*, March 15, 1898; translated by A. Goodwin Culver for the *Journal of the American Medical Ass'n.*—*Medical and Surgical Bulletin*.

THE OPERATIVE TREATMENT OF INTESTINAL PERFORATION IN TYPHOID FEVER.

This subject is one which interests the physician and the surgeon to an equal degree and deserves careful study by both, since in some cases life can be saved by prompt action.

There are no more interesting studies in medicine and surgery than those advances which meet conditions heretofore considered beyond relief, and there are few conditions more terrifying to the physician and to the patient's friends than perforation of the bowel in typhoid fever. Theoretically, at least, it would seem that with the progress which has been made in abdominal surgery operative interference is beyond all doubt the chief possibility for the recovery of the patient, yet as a rule both physicians and surgeons have in the past felt timid about resorting to so grave a surgical procedure in the face of the profound exhaustion of the patient from disease. In this connection the statistics which have been recently collected and published by Keen give us clearer ideas of our duty under these circumstances than any others with which we are acquainted. One of the first points impressed upon

us by these statistics is that delay is an exceedingly dangerous thing. Thus, as Keen points out, of the sixty patients operated on for perforation in typhoid fever, 26.7 per cent. recovered when the operation was done within twelve hours; whereas the mortality was total when as long as twenty-four hours had elapsed, except in three instances, in one of which the operation was done twenty-six hours after perforation and the other two between two and three days. As a result of these statistics Keen enunciates the law that if operation is not done within about twenty-four hours after the perforation there is practically no hope of recovery.

It is stated in *La Presse Medicale* of May 18, 1898, that Guecchewitsch and Wanach have recorded five instances in which Russian surgeons have operated for intestinal perforation. In 1891 Notschaieff and Troianoff operated upon a man aged thirty-one years, who presented signs of perforation. The operation was practiced six hours after the entrance of the patient into the hospital. Marked evidence of serious peritonitis were found and fecal matter was in the peritoneal cavity. Resection of the perforated portion was performed. Death followed and autopsy revealed typhoid ulcers in the ileum. In 1893 the same authors operated upon a man of twenty-eight years, who presented similar symptoms. On entering the hospital a diagnosis of the ambulatory form of typhoid fever was made, with intestinal perforation. The operation took place seventeen hours after entrance. A general sero-purulent peritonitis was found, the fluid being filled with fibrinous flakes. Quite a large perforation was present; four centimeters of the intestine was excised. The abdominal wall was not immediately sutured, but the opening in it was packed with sterile gauze, and complete recovery followed.

A third case was that of Kohlzoff and occurred in a man of twenty-four years who had typhoid fever and congestion of the lungs. He had symptoms of perforation with excessive fever. The operation was performed four hours after the perforation. Sero-sanguinolent fluid was found in the