If we examine the various works in medicine, large and small, we will find that the majority of writers describe the onset of the symptoms of perforation as marked by extreme severity—sudden acute pain, rigidity of the abdomen, some fall in temperature, acceleration of pulse, anxious facies and rapid onset of collapse. So far as my own experience goes, only a small minority of cases show this extreme degree of disturbance. It is of great importance that we should appreciate the fact that the symptoms of perforation may at first be only few and moderate in degree; otherwise the condition will not be recognized at once and therefore proper treatment will be delayed. It will not be amiss to emphasize the fact that every minute's delay adds to the gravity of the condition and lessens the probability of recovery, one might almost say, in a geometrical ratio.

We know that the phenomena of typhoid fever may vary very much in different seasons or in cycles of seasons. A decade or two back, the disease in Toronto was marked by much greater severity than it has been of late years. In warm climates it is probably a much graver disease than in our temperate climate. In consulting the Johns Hopkins' Reports one is struck by the almost uniformly severe course of the disease in almost every case of perforation—high temperature, rapid pulse, diarrhœa meteorism, and delirium. We see few such cases; as already said, ours are nearly all of a much milder type, although often greatly protracted. Notwithstanding this, our percentage of perforation cases is nearly as high as in the more severe types.

Of the symptoms of perforation, *pain* is much the most important and constant. In the milder classes of cases that occur in this country, it is practically never absent. It may be the only symptom. It may be so slight that little complaint is made of it, even by a patient otherwise in good condition, but it is always persistent, and usually but not necessarily paroxysmal. This one character of *constancy* should be emphasized as it stamps the pain as due to an organic lesion and not to functional spasm. Persistent pain is the only symptom I have never known to be absent in perforation of typhoid fever in the milder type of cases we are discussing. Of course my experience is relatively small, but in it are two cases illustrative of the course in many others. The first was that of a case of ambulant typhoid in a man aged 48. He had been under treatment for a dyspnœa due to a syphiloma of the apex of the right lung. Three months later, after he had recovered from the dyspnœa, he sought advice for malaise and loss of appetite; no cause for it being apparent, it was thought to be due to the effect of the potassium iodide which he was taking. The drug was stopped. He did not report