TYPHOID FEVER OPERATED ON FOR PERFORATIVE PERITONITIS—WITH NEGATIVE FINDING.

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Since abdominal surgery has made such advancement as marks its present state, operative measures to prevent the almost inevitable lethal ending of perforation of the intestine in typhoid fever are being adopted more and more frequently. While it is true that the results, for obvious reasons, so far achieved in this operation, are not to be compared with those in the cases of perforated gastric ulcer or traumatic perforation, yet they are such as warrant the careful consideration of operative measures in all cases and their adoption in most.

The early diagnosis of intestinal perforation in typhoid fever is of the greatest importance, for there is little hope of obtaining good results in any case of peritonitis after it is well advanced. The difficulties of diagnosis incident to all abdominal conditions, are not infrequently many times increased by the tympany which exists in the course of typhoid fever, as well as by the mental state of the subject; and most clinicians have cast about for some definite data from which an accurate diagnosis may be made. The chief signs and symptoms of this complication, namely, severe and sudden abdominal pain with tenderness and rigidity of the parieties, vomiting, collapse and rapid pulse, are not by any means constantly found, inasmuch as the abdomen may be flat, or the pulse may not be considerably altered, and signs of collapse may be wanting. Even pain may not be complained of. The value of the sign of the obliteration of the liver dulness, it would appear, has been over estimated by some in making this diagnosis, since in not a few non-perforated cases with tympany, the liver dulness could not be made out.

When other complications of typhoid productive of a leucocytosis can be excluded, a marked increase in the white corpuscles in the presence of signs of peritonitis, has been regarded as of value; but this sign cannot be depended upon. With the hope born of the experience of 20 per cent. of recoveries in Keen's series of 83 cases, and 21 per cent. in Finney's 112 cases, every case where signs of perforative peritonitis appear, should be most carefully observed with a view of operative interference. The difficulty of accurate diagnosis is in some