sufficiently early to afford a reasonable hope of success for the surgeon, is fraught with many difficulties, and even the most experienced clinicians have made mistakes, on the one hand diagnosticating a perforation where none was found to exist at the time of operation, or on the other, deciding against perforation which an autopsy subsequently revealed.

Uncomplicated typhoid is, so far as the abdominal symptoms are concerned, usually a painless disease. It is true that transient meteorism and diarrhœa (especially if profuse), may be accompanied by wandering colicky pains in the abdomen, but the occurrence of sudden, severe, localized abdominal pain in a typhoid patient is to be held as very strong evidence of perforation of the bowel, or at least of a localized peritonitis immediately preceding a perforation. This should in all cases be a note of warning, and if it be associated with rigidity of the abdomen on palpation, it is difficult not to draw the immediate inference that perforation has actually taken place. There may at this early period be very little constitutional disturbance. Probably the pulse rate will rise, but I am convinced that any reliance on variations of the temperature curve as an aid to the diagnosis is unwise. Nausea and vomiting will not necessarily be present, and to wait for meteorism to develop is not making an early diagnosis. The point that I wish to make, however, is that in making an early diagnosis the inferences drawn from the local signs in the abdomen should outweigh those derived from the general condition of the patient.

No reliance is to be placed upon an increase in the white elements of the blood as an indication of early peritoneal infection. Of this we have had several instructive examples quite recently in Montreal. Delirium or a stuporose condition and excessive meteorism vastly enhance the difficulty of early diagnosis of perforation, and indeed may make it impossible. This, it may be said in passing, is no small argument in favour of hydrotherapy, for delirium, coma and meteorism are of the rarest occurrence in patients who have been systematically bathed.

Given an early diagnosis of perforation, should the patient be given the chance for life that is afforded by surgical intervention? Undoubtedly, yes! in many, probably the majority, of the cases. Medically treated, perforation is practically a hopeless condition from the outset, and surgically treated, the patient has at least a chance of recovery—how much of a chance it is yet too early to say, for we must have a larger experience and more extensive statistics, but even those we have are quite encouraging. It must be admitted that there are some cases in which it is better, however reluctantly, to let the patient die with the peace of mind and body borne of adequate doses of morphia, than to hasten his demise by a few hours for the sake of viewing later