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TYPHOID FEVER *VS.* TUBERCULAR PERITONITIS.

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Both in town and country, typhoid fever is still the disease with which the practitioner is most familiar, except, perhaps, the forms of phthisis. The climatic conditions under which we are living in Canada will always, in spite of the efforts of hygienists, render this disease a formidable enemy. The long, cold winter preserves animal and vegetable refuse, so that the accumulation of many months is suddenly exposed to a hot sun and kept continuously baking for months, until, in September, the outbreaks occur, and our hospitals become filled with fever patients. Continued cold keeps in a state of frozen preservation the contents of privy pits ready to rapidly permeate the soil as soon as the frost leaves the ground. One of the not uncommon features of this disease I propose to deal with, gathering my information from notes taken in the course of my own experience, viz., its great resemblance to tubercular peritonitis.

What is the connection between phthisis and typhoid fever?

Persons laboring under phthisis rarely become the subject of typhoid fever: so much is this the case that formerly it was thought that phthisis acted as a preservative. But the cases in which a typhoid fever complicates a phthisis cannot be so very rare, since we have met with such cases not unfrequently in hospital practice. Such a case as this, for example: A sailor, aged 24 years, presented himself at the Montreal General Hospital with a history of progressive emaciation, night sweats, cough, with copious purulent expectoration; both lungs are softening, and physical signs of a large cavity is found at the apex of the left. The temperature is high; about 101° or 102° at night. Improvement follows admission; but after a month's stay in hospital the temperature begins to rise slowly; the tongue becomes coated, afterwards dry, and the bowels become loose. In a few days typhoid spots are found on the abdomen. The fever runs its usual course, and ends in recovery. The condition of the patient as regards the phthisis seems quite unchanged after the effects of the fever have worn off.

But I have not found in actual practice that post-typhoid phthisis is so very commonly met with. True, there are cases where the temperature fails to remain any time at a normal standpoint, where the strength fails to return, and where an examination reveals the presence of mucous râles throughout both lungs, and where death occurs in from two to four months. It is probable that many such cases were never typhoid fever at all, but that the symptoms of the acute tuberculosis were mistaken for those of the fever.