

There seems to be no doubt that it is imperative to act at once when symptoms of perforation occur in these milder cases of typhoid fever. I think this is imperative even in the cases occurring in out-of-the-way places where expert surgical aid cannot be promptly obtained. Three of Shattuck's (Trans. of the Association of Amer. Phys. Vol XV, page 111) cases were such as should have recovered had they been operated on early. He says they show that fatal peritoneal infection may occur within one or two hours after perforation. However, these must have been cases in which the infective organisms were extremely virulent. In other cases, on the other hand, recovery follows operation done even after general peritonitis has occurred; in these cases the infection must be less virulent and the immunity of the patient may be greater. Similar results follow non-typhoid perforation of other organs, notably the appendix. Every physician should be quite prepared to operate himself under such circumstances. The operation is not so difficult that a capable physician should not be able to deal with it practically as efficiently as the most expert surgeon. The chances for the patient operated on immediately by the physician are very much better than for those in whom operation is delayed for a few hours in order to procure the assistance of even the most capable surgeon. No doubt such prompt action in country places, where assistance is not available, entails grave responsibility on the physician in charge. In many cases the diagnosis cannot be made with absolute certainty, but, fortunately, even if there is no perforation, the operation in most cases does not seem to be followed by material injury to the patient's condition. Under the most favourable conditions only a moderate percentage of the cases recover and the physician who operates promptly may be blamed by the friends for the fatal result. Notwithstanding all this, in a case with symptoms strongly indicative of perforation, it is a risk and responsibility that he cannot well evade if he is to do his whole duty.

When there are decided symptoms present there can scarcely be a question that it is in the patient's interest to accept the danger of an unnecessary operation rather than the infinitely greater one of a perforation left untreated; the former is attended by more or less danger, while the latter is practically hopeless.

In the cases of profound toxæmia or marked typhoid state in which there has been great prostration with meteorism, delirium, and diarrhoea, perforation is often accompanied by early and marked collapse. In these cases it may be questionable whether operation should be done before the symptoms of shock have at least partially