

a ward, and you cannot tell whether they are suffering from typhoid fever or not ; which is not the case under the expectant treatment. If that is not evidence, I do not know what some people need to convince them of it.

I was going to say that all the surgeons here to-night were in accord about the advisability of early operation in typhoid fever, as indicated by the onset of sudden pain. If a man were to rely solely on that in the months of August and September, I expect the surgeons would be kept pretty busy opening the abdomen, because abdominal pain is a very frequent symptom. Everyone recognizes the importance of early operation ; but you do not want to be opening abdomens and not find the intestines perforated. Whether it is not possible to employ other measures in conjunction with cold bathing, which will be effective in further reducing the mortality, is of course a great question. As I pointed out in my paper, the chief influence of the cold bath is in reducing the mortality from other causes than from perforation and hæmorrhage. If you can get anything that will have an equally good effect on the prevention of these two conditions, you may say good-bye to typhoid fever, but it is doubtful whether we shall attain to that degree of perfection. I expect that the first and most marked advance will be in some antitoxine treatment. I think that is the direction in which we ought at present to look.

Dr. ARMSTRONG, in reply.—I would like to draw Dr. Stewart's attention to the fact that I did not rely on one of the symptoms, but on several symptoms and the consideration of each, and from their consideration collectively, added to the steady appearance of the leucocytes.

There is only one other point I did not think of in my notes. In some of these cases, in operating for a perforation, I have found a number of other ulcers very thin, not perforated. I put a row of sutures over them, with the view of preventing a perforation at that spot, which, I think, is a very good practice.