

From the fifth to the seventeenth day the course of the illness was uneventful. For a week the temperature ranged from 103° to 104.5° F., then from 104° to 105° , (once reaching 105.6°). The pulse was at first 100, then 110 to 116. Typical rose spots appeared on the thorax and abdomen, and the spleen became distinctly palpable. The bowels were constipated and the abdomen relaxed and natural. The only symptom was nausea, which, however, did not interfere with the taking of a fair amount of liquid nourishment. The patient's mind was clear, except for a little wandering at night occasionally, and the amount of sleep averaged between five and seven hours. Baths at 80° F., lowered to 70° F., were given every three hours if the temperature reached 102.4° F., and these she bore very well. There was a "urinary crisis" on the 14th, 15th, and 16th days of the illness, the quantity voided on these days being, respectively, 54, 65 and 90 ounces, the average up to that time being 30 ounces.

On October 28th, the 17th day of the disease, she had a bath at 10 a.m., and one hour later complained of severe pain in the lower part of the abdomen, to relieve which an ice bag was applied. At 2 p.m. she had another bath, lasting only five minutes. The pain still continuing, I was notified of the fact and immediately came to see her. I found her looking rather anxious and with a somewhat pinched face. She complained of a good deal of pain in the abdomen, but had no special nausea and no vomiting. There was a little blueness of the finger nails, due to the bath administered half an hour before. The temperature was 104° F., and the pulse 120, rather full and hard. The abdomen was a little distended symmetrically in its lower half, and there was distinct sensitiveness in the right lower quadrant, about the situation of the appendix. There was certainly no rigidity of the abdomen, rather a doughy feel, and the liver dulness was within the normal limits. The white corpuscles were counted and found to number 17,000 per cub. mm. Feeling uncertain as to whether perforation of the bowel had occurred or not, I asked Dr. Armstrong to see the patient, and at 4 p.m., we made a joint examination of the case. A second blood count at this time gave 10,500 leucocytes per cub. mm. The abdominal condition remained the same as above. It was decided to await further developments, and at 6 p.m., a third blood count showed 10,500 leucocytes. I saw the patient again at 9 p.m., and finding the condition unchanged, with the exception that the abdomen seemed a little more distended in the lower zone, I asked Dr. Armstrong to see the patient once more. We came to the conclusion that a perforation was probably present though there was no rigidity, and as ten hours had now elapsed since the onset of the symptoms, we both