

one symptom that may be said to be never absent; it may be only slight, but whether severe or slight it is, with very rare exceptions, persistent, and therefore not due to functional disturbance; other symptoms usually follow, but more gradually. Of these, abdominal tension localized or general, is the most common and important. It may, however, be so slight as only to be appreciated on careful examination.

Recently, increase in blood pressure has been found to occur in all cases of peritonitis. I have no doubt of the correctness of the observation, although I have not had the opportunity of testing it.

The value of leucocytosis in the diagnosis of perforation is very great. Leucocytosis begins promptly with the occurrence of perforation or of peritonitis from any cause; this was well shown by the case above referred to in which at the operation no perforation was found. In some cases, probably only in those in whom toxæmia is marked, the leucocytosis may disappear very early, so that its absence will not exclude the possibility of perforation.

In these milder cases, there is probably seldom any disturbance of the pulse, temperature or respiration, and with such moderation in the symptoms general depression would be gradual and collapse a late phenomenon if it occurred at all. Some of these milder cases are probably due to typhoid perforation of the appendix.

My own views as to our duty in these cases of perforation are perhaps best illustrated by the regulations governing the management of cases under my care at the Toronto General Hospital. Any case of typhoid fever in which pain occurs is to be reported at once to the house physician, who makes an immediate examination. A complete record should be made of the condition and all changes noted as they occur. If the attack of pain is unmistakably due to perforation, or even if there is good reason to fear that such is the case, immediate notice is to be sent to me and to my surgical colleague, the aim being to have an operation done immediately so as to prevent peritoneal infection. So important is immediate operation that it is better done at once even by a member of the house staff rather than wait unduly long for the services of one of the surgical staff.

In mild cases in which there is only a possibility of perforation having occurred, the patient is to be closely watched by the house physician. All food is to be stopped, no anodyne of any kind is to be given, but water is allowed to be taken freely. If the pain persists for an hour or so, then notification is to be sent out as in the undoubted cases.