

than in our temperate climate. In consulting the Johns Hopkins Reports one is struck by the almost uniformly severe course of the disease in almost every case of perforation—high temperature, rapid pulse, diarrhœa, meteorism and delirium. We see few such cases; as already said, ours are nearly all of a much milder type, although often greatly protracted. Notwithstanding this, our percentage of perforation cases is nearly as high as in the more severe types.

Of the symptoms of perforation, *pain* is much the most important and constant. In the milder classes of cases that occur in this country, it is practically never absent. It may be the only symptom. It may be so slight that little complaint is made of it, even by a patient otherwise in good condition, but it is always persistent, and usually but not necessarily paroxysmal. This one character of *constancy* should be emphasized, as it stamps the pain as due to an organic lesion and not to functional spasm. Persistent pain is the only symptom I have never known to be absent in perforation of typhoid fever in the milder type of cases which we are discussing. Of course my experience is relatively small, but in it are two cases illustrative of the course in many others. The first was that of a case of ambulant typhoid in a man aged 48. He had been under treatment for a dyspnœa due to a syphiloma of the apex of the right lung. Three months later, after he had recovered from the dyspnœa, he sought advice for malaise and loss of appetite; no cause for it being apparent, it was thought to be due to the effect of the potassium iodide which he was taking. The drug was stopped. He did not report again for two weeks. When seen then he said he had had moderate pain in the abdomen for two or three days. He was found sitting in a chair, looking much distressed. There was fluid in the abdomen to the level of the anterior superior iliac spines. The abdominal wall was not tense, nor was there great tenderness. Death occurred next day and at the autopsy two small typhoid ulcers were found in the ileum and a perforation 1 mm. in diameter at the bottom of one of them.

The other case was even more instructive. It was that of a man aged 32, in the General Hospital a few years ago. His illness was moderate in degree, there was slight diarrhœa, but the abdomen was of normal appearance and his mental condition was quite clear. In the third week one afternoon while I was in the hospital, he felt a rather sudden, though not severe, pain in the lower part of the abdomen, but not distinctly localized. There was no tenderness or increased tension in any part of the abdomen, nor change in temperature, pulse, or respiration, or in the facial expression. He himself regarded the pain as of little moment. The instructions left were that he was to have plenty of water but no food nor any anodyne; he was to be closely watched and