

inclined forward and to the left. His gait is, if anything, better than before the operation, and strabismus hardly noticeable. General health, fair.

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## A CASE OF INTESTINAL PERFORATION IN TYPHOID FEVER. OPERATION. DEATH.

BY G. N. FISH, M. D.

House Physician, Home for Incurables, Toronto.

The recent more or less successful results attending the employment of surgical operation in the treatment of this almost invariably fatal complication of typhoid fever make the report of the following case of some interest. W. B., aged 33, was admitted to the medical clinic of Dr. H. B. Anderson, St. Michaels Hospital on the evening of Dec. 8th, 1899, suffering from typhoid fever, having been ill about one week. His temperature was 103, pulse 100, respiration 24; tongue clean, bowels regular: the blood gave a distinct Widal reaction. The case ran an ordinary course, temperature ranging from 101 to 104, pulse from 88 to 98; no delirium, no tympanites or other abdominal symptoms.

The patient was put on ordinary treatment, fluid diet, ac. nitromur. dil., small doses of quinine and strychnia, with baths to control the temperature.

At midnight on December 13th a slight hemorrhage from the bowels occurred, followed by another at 5 a.m. These were treated by the application of ice to the abdomen and the administration of plumbi acetat and opium. The hemorrhage did not recur after this time. Temperature was now 102, pulse 80. At noon on the 13th, patient had a slight chill and the evening temperature rose to 103  $\frac{2}{5}$ , pulse 100. At one o'clock on the morning of the 14th 6 days after admission and patient's stool was slightly tinged with blood, and he complained of severe abdominal pain, with tenderness on pressure. Temperature 103  $\frac{1}{5}$ , pulse 120. Morphine was administered hypodermically and turpentine stupes were applied to the abdomen. At 12 o'clock on the 14th temperature was 100  $\frac{2}{5}$ , pulse 84, respiration 36. The patient began to perspire freely, was breathing superficially, and lying upon the back with knees drawn up. The face had a sharp, pinched, anxious expression, the tongue was narrow and red, the pulse small and thready. The abdomen was distended and tympanitic, the liver dullness having disappeared in front. The abdominal pain and tenderness had become less acute than on the previous day.

The diagnosis of perforation having been made, immediate operation was advised by Drs. Anderson, Dwyer and McPhedran in consultation. This, however, could not be arranged for until 8 o'clock in the evening.