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Another table shows the mortality after operation at varying periods of illness.

After five and six days the mortality was seventy-three.

per cent. and seventy-five per cent. respectively.

These figures clearly indicate that the mortality is greatly reduced when operation is had recourse to early, and further, that the success attending early operation is largely due to the fact that reduction is possible in a much larger percentage of the cases presenting themselves at an early period of the disease than in cases coming under observation late.

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A CASE OF PERFORATION OF THE BOWEL IN TYPHOID: OPERATION, RECOVERY. FOL-LOWED BY SUBPHRENIC ABSCESS: OPERATION, RECOVERY.*

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G. A. S., M.B., age 29. Dr. Rogers, of Ingersoll, has kindly

furnished me with the following history of the case:

"Last summer he suffered slightly with gastric and intestinal dyspepsia. At the time of his illness he was attending three typhoid cases, one very severe one. During the ten days previous to the attack on October 17th he had no appetite, aching pains generally, and chilly feelings, but no fever. He feared he had typhoid, but kept on his feet until October 17th, when he had a moderate chill. Temperature shot up to 103° F. and his pulse was 100 to 110. When I first saw him on the 19th he was suffering from a severe headache, muscular pains in various parts of the body, and a severe backache. Temperature 102½, pulse 100 and respirations 21. Examination of the urine revealed nothing abnormals. A blood examination gave the typical Widal reaction.

"On the 20th his temperature was 103, pulse 110, respirations 22, and his other symptoms were somewhat intensified. On the 21st he was removed to the Sanatarium at Ingersoll, and upon admission his pulse and temperature were as recorded. The case ran the usual typhoid course until the 26th, when a moderate hemorrhage occurred. On the 27th a second hemorrhage

^{*} Paper read before the Toronto Clinical Society, March 5th, 1902.