

out of the five cases there was marked diarrhœa—in some of them—caused by the daily administration of purgatives; in the fifth case sent into the hospital after perforation occurred there was moderate diarrhœa and slight hæmorrhage. It is probably a matter of indifference so far as the liability to perforation is concerned whether the diarrhœa is due to irritation of the bowel by the toxins of the disease, by irritating bowel contents from injudicious diet, or by purgative drugs. The symptoms depend not only on the situation and nature of the perforation, but also on the severity of the general symptoms and the degree of toxæmia. In those with much prostration and blunted perceptions the symptoms may be quite masked, especially if meteorism is marked, so that the occurrence of perforation cannot be more than suspected. In a *second* class of cases, rare ones in which there is much toxæmia but without mental obtuseness, the local reaction may be so slight that there are no abdominal symptoms to mark the occurrence of the accident, just as may occur in septic peritonitis from other causes—*e.g.*, strangulated bowel or gangrene of a Fallopian tube. In a *third* class, milder cases in which neither the mental nor physical perceptibility is much, if at all, obtunded, the symptoms are practically always frank. To this class probably belongs the majority of all classes of perforation; at all events, it is in these cases that there is at least a fair chance of recovery if treatment is prompt. Fortunately the great majority of cases of perforation occurring in this country, at least for several years past, belong to this class. Cases of extreme toxæmia with marked meteorism, profuse diarrhœa, muttering delirium, coma vigil, and subsultus tendinum are of rare occurrence.

If we examine the various works in medicine, large and small, we will find that the majority of writers describe the onset of the symptoms of perforation as marked by extreme severity—sudden acute pain, rigidity of the abdomen, some fall in temperature, acceleration of pulse, anxious facies and rapid onset of collapse. So far as my own experience goes, only a small minority of the cases show this extreme degree of disturbance. It is of great importance that we should appreciate the fact that the symptoms of perforation may at first be only few and moderate in degree; otherwise the condition will not be recognized at once and therefore proper treatment will be delayed. It will not be amiss to emphasize the fact that every minute's delay adds to the gravity of the condition and lessens the probability of recovery, one might almost say, in a geometrical ratio.

We know that the phenomena of typhoid fever may vary very much in different seasons or in cycles of seasons. A decade and two back, the disease in Toronto was marked by much greater severity than it has been of late years. In warm climates it is probably a much graver disease