

mortality by modifying and removing the cause of it, wherever she might be sent.

Trusting the above may enable the readers of your journal to a better understanding and appreciation of the proposed "Victorian Order,"

I am, etc.,

EDWARD PLAYTER.

Ottawa, November 25th, 1897.

Peritonitis in Typhoid Fever.

Dieulafoy (*Sem. Med.*) discusses the varieties of peritonitis in typhoid fever in relation to operative interference. Peritonitis due to perforation usually supervenes at the period of stasis or during recurrence of typhoid fever, and any part of the intestine involved in the typhoid process may be its seat. It is met with in mild as well as in severe cases, and the diagnosis would be a matter of great difficulty but for a constant and often solitary sign, namely, sudden fall of temperature. In three cases of intestinal perforation the temperature fell below 35° C. It would be a mistake to suppose that all such falls in temperature indicate perforation. In many cases the defervescence is as sudden as in pneumonia, or, again, such falls follow copious hæmorrhages. In the latter case, however, the temperature rises again rapidly, while in perforation it remains low or rises very gradually. Perforative peritonitis lasts from three days to a week, during which time deceptive remissions may occur. The end is almost invariably fatal. In rare cases protective adhesions form, and recovery ensues. In the peritonitis due to the propagation of the infectious process through the ulcerated but not perforated intestine there is a lesion of the vermiform appendix, which may ulcerate and be perforated at the level of its abundant lymphoid tissue. The symptoms are the same as those of other typhoid perforations. "Paratyphoid peritonitis" is due to the remnant of a typhoid lesion of the appendix, and is characterized by a rise of temperature. Surgical treatment of this condition should be the same as in ordinary appendicitis. The problem of when to operate in a perforative peritonitis is a much more serious one, owing to the difficulty of determining that perforation has taken place, the necessity of speedy and opportune intervention, and the fact that there may be several co-incident perforations. Operation, however, holds out some hope of success, and in spite of the ulceration suture may bring about healing.