

perforation, it is a risk and responsibility that he cannot well evade if he is to do his whole duty.

When there are decided symptoms present there can scarcely be a question that it is in the patient's interest to accept the danger of an unnecessary operation rather than the infinitely greater one of a perforation left untreated; the former is attended by more or less danger, while the latter is practically hopeless.

In the cases of profound toxæmia or marked typhoid state in which there has been great prostration with meteorism, delirium, and diarrhœa, perforation is often accompanied by early and marked collapse. In these cases it may be questionable whether operation should be done before the symptoms of shock have at least partially passed off. In such cases either course is beset with difficulties; on the one hand if we wait for shock to pass off there is the danger of peritoneal infection spreading widely, and on the other hand, immediate operation may cause a fatal termination through shock. Each case will have to be determined on its own merits, but even here I think that with rare exceptions it is in the interest of the patient that immediate operation should be done, as the danger from peritoneal infection that follows so rapidly on perforation is probably a greater menace to life than is even the shock. In these severe cases, even with immediate operation, the percentage of recoveries will always be very low.

In order to carry out such prompt treatment in cases of perforation it is necessary not only that each case shall have the attention of a well-trained nurse, but also that the services of the physician shall be at once available when required. It is difficult to make the public appreciate the necessity of such vigilant expert attention, especially as it will materially add to the expense in caring for each individual case.

As the accident occurs in only about 2 per cent. of cases, the liability to it in any given case, especially if running a mild course, is easily overlooked even by the physician, so that the public can scarcely be blamed if they fail to realize the danger. It is, however, essential that the physician has a clear appreciation of all the dangers that beset the path of even the mildest case of typhoid fever.

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THE TREATMENT OF CHRONIC HEART DISEASES.

By Professor THEODORE SCHOTT, *Nauheim, Germany.*

ALLOW me first to thank you for your kindness in asking me to address you. I will now endeavor to lay before you some few particulars of my experience in connection with chronic diseases of the heart.