that, in a man of this age, one must regard the prognosis as grave in any case.

I am indebted to Colonel W. F. M. Loughnan, M.C., Commanding British Military Hospital, Lucknow, for permission to send this case for publication.

A CASE OF SELF-HEALING TYPHOID PERFORATION OF THE ILEUM.

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PRIVATE F. S., aged 26, reported sick on October 2, 1936, with a history of malaise and headache for four days. He had recently returned from a Vocational Training Course at Poona and on the train journey had purchased several cups of tea from hawkers.

On examination his temperature was 100° F. with no definite clinical signs. The next evening his temperature rose to 102° F., the pulse-rate remaining at 100. There was no leucopenia.

On October 5 the morning temperature was 102° F., the pulse-rate 100; a blood-count showed a definite leucopenia. The tip of the spleen became palpable, and the condition was diagnosed clinically as belonging to the enteric group of fevers, and treatment on standard lines was instituted.

The case proceeded normally, scattered rose spots appearing in the epigastric region on October 8 (estimated to be the tenth day of disease) and the temperature rose to its maximum of 104°4° F., whilst the pulse slowed to 80 beats per minute. On this day, the first Widal reaction result was returned showing an agglutination to B. typhosus of 1/4. Two days later the blood culture taken on the sixth day of the disease showed B. typhosus.

On the morning of the thirteenth day the patient complained of slight abdominal discomfort; this persisted for some twenty-four hours, when a small degree of tumidity of the abdomen became apparent on palpation. On the fifteenth day he experienced severe abdominal pain localized to the right iliac fossa and vomited twice. These symptoms rapidly cleared up although some rigidity persisted for four hours. Arrangements were made to perform a laparotomy, diagnosis of a typhoid perforation having been made, but improvement was so rapid and the physical signs were so transient that an expectant course was adopted.

Acute generalized abdominal distension of a paralytic type appeared on the seventeenth day, consistent with typhoid meteorism. This was treated with pituitrin in small doses with excellent effect; the distension subsided and the bowels again acted normally. His general condition improved vastly. However, on the twentieth day of the disease, he brought up some tenacious sputum, and there was evidence of definite pulmonary consolidation at both bases. Treatment for bronchopneumonia was instituted and the sputum became less tenacious.
Clinical and other Notes

Two days later, in the evening, the patient experienced a rigor lasting two minutes, followed by a sudden agonizing pain in the precordium. On examination of the chest, a definite area of dullness to percussion, with no air entry, was found extending from the cardiac dullness to the 4th to 7th interspaces in the mid-axillary line. A diagnosis of small pulmonary embolus was, therefore, made on these findings.

Next day (estimated twenty-third day of disease) a definite bronchopneumonia had set in, with patchy consolidation of both lungs, the sputum becoming rusty and then purulent. The general physical state showed much more deterioration and it was felt that, in addition to the picture described above, a relapse of his intestinal typhoid condition was occurring. The cardiac rhythm next showed some irregularity, but there was good response to digitalin. Oxygen had been given intermittently for the last three days with excellent effect, and by evening the cardiac respiratory mechanism was showing marked improvement.

Early in the morning of the twenty-fifth day he became irrational and tried to get out of bed, complained of some hypogastric pain and was incontinent of faeces. Abdominal distension again became prominent, but was relieved by pituitrin in minimal doses. The pulse-rate began to mount and the heart's action again became weaker, responding once more, however, to digitalin. There was incontinence of urine.

On the following day there was incontinence of both urine and faeces, and in the faecal material there was a trace of blood; this was quickly followed by a brisk haemorrhage at the next passage of faeces; horse serum and calcium intravenously, together with morphia, were given, and controlled the bleeding. He died next evening (twenty-seventh day).

Post-mortem Findings.—The following are extracts from notes made at the post-mortem examination carried out by the author of these notes.

Small intestine: The duodenum was normal, as was the jejunum in its upper half, the lower half was somewhat congested. In the ileum, multiple typhoid ulcers were seen lying in the length of the lumen of the gut, and varying in size from one quarter to half an inch in diameter; mostly healed or healing. The gut was thinned in its terminal twelve inches to a marked degree. Two inches from the ileo-caecal valve there was an ulcer one quarter of an inch in diameter, whose base had perforated, but the great omentum was wrapped around it and firmly adherent, thus preventing any leak into the general peritoneal cavity.

Large intestine: Almost one pint of mixed recent blood and food material was recovered from the right para-caecal gutter, tracking towards the pelvis. In the caecum, two inches from the ileo-caecal valve, and one quarter of an inch internal to the anterior tinea coli, was a large very recent perforation, with blood adherent to it: size 1 by 1½ inch, with some local thinning of the caecal wall. The ascending colon was congested, the rest normal.

The liver was enlarged, the cut surface appeared fatty with obliteration.
of the liver pattern. The gall-bladder contained two ounces of straw-colored bile; there were no calculi; the mucosa showed some pin-point hemorrhages; bile duct was patent.

The spleen was moderately enlarged and very soft in consistence, red in color; the cut surface was very soft and of “strawberry jam” appearance. Weight eight ounces.

Respiratory system: There were hemorrhagic patches over the lower third of each lung, with some scattered ones at other areas. There were adhesions at the left apex, and slight emphysema at the right apex: On palpation, the lungs felt heavier and more resistant than normal. They were crepitant in bulk. The cut surfaces showed the lower halves of both lungs to be red to purple in color, the bronchioles containing some purulent material. The upper areas were less involved, but definite areas existed. The left mid zone showed some organizing blood clot and areas of collapse.

Comments on the Case.—The chief point of interest in this case is the demonstration, post mortem, of the successful role of the great omentum in combating an acute abdominal condition. This is comparable to the common experience in the surgery of the acute abdomen, when the omentum is discovered at operation to be wrapped round the appendix, thus preventing a general peritonitis.

The number of complications occurring in this one case of typhoid fever must be somewhat unusual.

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