instances so great, that little wonder arises when a mistaken diagnosis is made from time to time. A non-perforated case of typhoid fever operated on has a far better chance of life than a perforative case left alone.

The following case is recorded as one in which a diagnosis of perforation was made, but on operation no perforation was found. Briefly summarized, the report is as follows :—

L. W. St. L., male, aged 18 years, fell ill on December 5, 1900, with headache, dizziness, and general malaise. These symptoms were increasingly severe and troublesome during the next week and, after three days in bed, the patient was admitted to the Royal Victoria Hospital on December 15, 1900.

His condition on admission was that of one with mild typhoid fever, the pulse 100, temperature 102° F., respiration 26. There was slight abdominal distension with tenderness of the left upper quadrant. Rose spots appeared on the following day when the Widal reaction was also present. He was given the bath treatment, but after the fourth bath was taken it was decided to adopt sponging, as he shivered a great deal and often left the bath with weak pulse and cyanosis.

On the evening of December 29th, on the fourteenth day of the disease, he complained of pain in the abdomen, the onset of which was not sudden and which was not attended with collapse, and was more intense over the left side, where the tenderness was most marked. He suffered with increasing intensity throughout the whole of the 20th, diarrhœa being present. On the morning of the 21st (2 a.m.), abdominal pain was very severe, the parieties rigid, with marked tenderness in the left lower quadrant. Liver dulness was obliterated, the pulse 104 to 120, the temperature showed a tendency to rise from four the previous afternoon until the time of examination. In consultation with Dr. Garrow, it was decided that an operation was indicated, as a perforation was believed to have taken place. An examination of the blood made after deciding to operate showed 14,000 leucocytes.

The operation was performed at 4.30 a.m. on December 21st. On opening the abdomen by a median incision below the umbilicus some clear, reddish-coloured fluid was found free in the peritoneum. No inflammatory lymph was seen. The vessels in the visceral peritoneum were turgid and several mesenteric glands were enlarged and deeply congested. The bladder contained twelve ounces of urine. There was no evidence of perforation. The wound was closed with silk worm gut sutures without drainage and the patient made an uninterrupted recovery, the temperature becoming normal on the 28th day of the disease.