

doubt. Even after the first examination our views underwent a change, and sundry phenomena, previously ill-understood, were seen in a new light. The importance of this line of research at an early stage cannot be too strongly insisted upon, but we must bear in mind that hyperleucocytosis may be absent in certain cases of hyperseptic appendicitis, and that certain inflammatory complications of typhoid fever, apart from appendicitis, may, on the other hand, give rise thereto. We must therefore be guided by the symptoms as a whole, but in this whole the hæmatological data occupy a conspicuous place.

It may happen that typhoid fever and appendicitis set in together in such wise that their symptomatology becomes mixed; indeed, this association is by no means rare, especially in children. It may, of course, be objected that in this event we are not dealing with appendicitis properly so-called, but rather with appendicular lesions of typhoid origin. The result in any case is to mask the symptoms of typhoid fever. It sometimes happens that in the course of an ordinary attack of typhoid fever during which at no time has attention been called to the appendix, grave accidents may supervene presenting all the appearances of typhoid perforation, but due in fact to an overlooked appendicitis. On the other hand, we may recall the cases of "ambulatory" typhoid in which peritonitis suddenly supervenes. This is diagnosed as acute appendicitis, and laparotomy is performed, only to find a typhoid perforation—if, indeed, anything at all is discovered, for the perforation may be very minute, and situated high up in the small intestine.

In the last-named contingencies, the practical question of the proper course to follow can be stated without hesitation. We must act, and act at once, however obscure the diagnosis.

In the cases first dealt with—those in which we have to ask ourselves whether the case is one of typhoid fever or appendicitis—it is quite otherwise. Unquestionably, when the accidents are not alarming, when there is no threatened generalization, and when, in spite of the diarrhoea and the general appearances, the pulse is of normal rapidity and is full and regular, we can take our time, and usually in a few days, with close observation, the problem will solve itself. It cannot be denied that the doctrine of immediate intervention in appendicitis has tended to increase the number of instances in which a healthy appendix has been removed from a typhoid patient in the initial stage. But there are cases in which the symptoms are so acute that we dare not delay, consequently, when in doubt; and in presence of pressing symptoms, it behooves us to operate, diagnosis or no diagnosis.—*Medical Press and Circular*.