voisier. Empyema of the gall bladder is much more common and in the great majority is associated with gall stone."

The condition of acute cholecystitis is more common in young adults, but cases in young girls of five or six years have been recorded. The attacks, however, are separated by a considerable interval, as long as 14 to 20 years being reported between attack of typhoid and the acute cholecystitis. These latter cases, however, are nearly always associated with cholelithiasis, the typhoid bacilli being found in the gall stone. Halstead finding in ten out of 31 cases a history of enteric fever, the interval being from a few months to twenty years. However, one is struck with the infrequency of cholecystitis as compared with the great frequency with which typhoid bacilli are found present in the gall bladders of fatal cases. And in this connection, I would refer to my previous statement of the fact that typhoid bacilli are frequently found in the gall bladder of enteric patients. Councilman, referring to it, says, "I have come to regard the gall bladder as one of the surest places to obtain a pure culture of the organism. One must, therefore, look to some additional factor or exciting cause, which is necessary, before these bacilli are able to set up an acute inflammation.

The second surgical complication referred to, namely, the case of typhoid in which the gall bladder perforates, is much the more important, surgically. It is, indeed, also a very rare complication. The text books on typhoid, on the whole, are silent as to the possibility of the gall bladder perforating from typhoid ulcerations. Prof. Keen, in this same work, previously referred to, has collected the records of 31 cases of perforating gall bladder due to typhoidal cholecystitis, 26 were not operated upon and all proved fatal, and of the five who were operated upon, three recovered. Erdman, of New York, has collected four additional cases. Under 15 years of age there were 9 cases; between 15 and 25 years, 6 cases; over 25 years, 17 cases; 12 female and 13 male. Of the onset, one occured in the first week, 5 in the second, and 21 in the third week, or later. My own case, a girl of 18 years, perforated during the fourth week, seventeen days after I first saw her, and about the twenty-fourth day of her illness. It will thus be seen that while the condition is met with, it is rare, and fortunately so—but 35 cases being reported in all the literature, so far as I could ascertain.

The diagnosis is not always easy. The symptoms are usually those of perforative peritonitis, hence location is not