est sign of inflammation or ulceration. The gall bladder showed two perforations, one the size of the tip of my index finger, and the other that of my little finger. There was, in addition, two or three ulcerated patches. I have Dr. Harold Parson's report of the same. There bowels, both large and small, were apparently normal.

I propose here to review the literature in respect to gall bladder complications in typhoid fever. Keen, in "The Surgical Complications and Sequels of Typhoid Fever," states that, surgically speaking, "biliary infections may be divided into two clinical forms: First, those in which cholecystitis and empyema exist with or without gall stone; and secondly, a very much more important class, those in which perforations of the gall bladder takes place." In connection with the first class it is to be stated that the condition is not easy to diagnose because of the absence of symptoms. The attacks of cholecystitis are so mild that many latent cases are only discovered at the post-mortem. The pain is rarely marked and is only elicited by palpation, no other syptoms being present. The enlargement and distension of the gall bladder being ascertained only by palpation and percussion. Rolleston, in his work, states that "suppurative cholecystitis may occur, but that it is fortunately rare." In 494 cases of typhoid fever observed during six years at Montreal, there were 25 deaths, among which there was one due to suppurative cholecystitis. There were three cases of acute cholecystitis that recovered. In 2,000 fatal cases at Munich, tabulated by Holcher, there were but five of cholecystitis with suppuration. In 1,016 cases of typhoid fever treated during the years 1900-1901 in the Imperial Yoemanry Hospitals in South Africa there was but one case of suppurative cholecstitis. Camac has collected 115 cases. Murchison, in his work on the "Continued Fevers," refers to suppuration of the gall bladder, and reports a case in a boy in the London Fever Hospital, who died from perforating ulcer of the gall bladder, on the eighteenth day of enteric fever.

Messrs. Monier-Williams and Marmaduke Shields, in the *Lancet* of March 2nd, 1898, reviewed the literature of suppuration not dependent on gall stone. They found the condition as being rare, and stated that up to that time the English text books, except that of Murchison were silent on the possibility of suppuration of gall bladder occurring in typhoid.

Osler states that "Phlegmonous cholecystitis is rare, only seven cases occuring in the enormous statistics of Cur-