

sistance given by frequent leucocyte counts in this case. I had been led to believe, from a study of recent literature on the subject, that a high leucocyte count was very strong presumptive evidence in favour of perforation in typhoid fever. It is true that before the first count in this case the patient had just had a bath, and the circulation in the extremities was possibly sluggish, which might account for the increase in the white cells. The subsequent counts, however, were still considerably above the normal, especially for typhoid fever. I regret that no count had been made before the onset of the symptoms suggesting perforation, as we should then have had an actual standard of comparison.