

ing the next day or two. Examination of the blood showed: red corpuscles 3,600,000, leucocytes 19,000. Sero-diagnosis was negative. Some resistance was felt over the right iliac fossa; the diarrhoea and insomnia persisted. Matters remained about the same until the 8th, though the diarrhoea subsided somewhat. The iliac pain was very pronounced, the temperature oscillated between 100.5 deg. and 101 deg. F. On the 10th the blood examination gave 3,900,000 red and 28,000 white corpuscles, the pulse remained slow (64) and the general appearance was disquieting.

We were prepared to operate, but the absence of well-marked signs in the iliac fossa induced us to postpone the intervention, and the patient slowly recovered.

I shall discuss later on the assistance to be derived from the examination of the blood, but for the moment I wish to call attention to the extraordinary similarity between the symptoms of this abnormal appendicitis, and those of typhoid fever. Our view was that it was a case of acute enterocolitis with appendicitis, but for some days it was extremely difficult to form an opinion. Such cases are by no means rare, and they have on various occasions led to the abdomen being opened in typhoid fever, and on the other hand, we have been induced to withhold our intervention in cases of appendicitis until it was too late. This being so, such cases deserve our best attention.

It seems to happen more frequently that appendicitis is diagnosed when the patient is really suffering from typhoid fever than the converse. Nevertheless, in two instances we have diagnosed typhoid fever in patients sent to us for "appendicitis," and which turned out to be typhoid fever. But surgeons are not always equally fortunate. Kelly and Hurdon report several striking examples of this. A nurse, æt. 23, was seized with excruciating pain in the abdomen while on duty. The abdomen was found to be distended and resistant; there was nausea and then vomiting, and the temperature ran up to 106 deg. F. They diagnosed acute perforating appendicitis, and operated, but it turned out to be typhoid, from which she died. In another case a boy, æt. 8, suffered for two days from pain in the right iliac fossa with distension and muscular rigidity, and a temperature of 104 deg. F. He was operated on for appendicitis, but the appendix was healthy, and it again turned out to be typhoid, fortunately followed by recovery. A third case, with a less fortunate ending, was that of a medical man, who for two years had been suffering from attacks of colic thought to be appendicular; ultimately the pain in the right iliac fossa became so severe as to necessitate his taking to his bed. Matters