

## Selected Article.

---

### THE DIFFERENTIAL DIAGNOSIS OF TYPHOID FEVER AND APPENDICITIS.

---

BY PROF. F. LEJARS, M.D.,

Of the Faculty of Medicine of Paris.

---

Some ten years ago one of my medical colleagues, a most careful observer, sent to me for operation a young woman who had been admitted to hospital two days previously. For three days she had been suffering from pain in the abdomen, more particularly in the right iliac fossa. She presented some swelling of the belly, and her temperature was 101.5 deg. F., with nausea and prostration. My colleague suspected appendicitis, calling for immediate operation, and as I was of the same opinion, I performed laparotomy, only to find a small, perfectly normal appendix, which, all the same, I thought advisable to remove. The cæcum was distended and gurgly, and was red in places. The wound was closed, but the prostration, insomnia and diarrhœa continued, and she developed a well-marked typhoid fever, from which in due course she recovered.

I have never forgotten the lesson, and since then I have more than once found myself face to face with doubtful cases of the same kind in which we were called upon to make the differential diagnosis between typhoid fever and appendicitis. Here is another case in which this problem presented itself under circumstances that lend themselves to the discussion we have in hand. In this instance the balance of opinion was in favor of its being typhoid fever, the diagnosis being based on what appeared good and sufficient reasons, yet the examination of the blood and the subsequent course proved it to be a case of appendicitis. A youth, æt. 20, was seized suddenly on September 27th with abdominal pain and colic, without any particular localization. There was diarrhœa, anorexia, and general discomfort. Three days later the pain became more acute, and there was vomiting. On October 1st the pain became still more severe, and now it was referred more particularly to the right iliac fossa. On the following day the patient was brought into my wards. He was extremely prostrated with stupor, and had a pale, anxious facies. He passed from six to eight yellow stools in the twenty-four hours, the belly was distended, and tender all over, but more so in the right iliac fossa. Temperature 100.5 deg. F., pulse 65, regular. No change occurred dur-