*The Incidence of Cholecystitis in Typhoid Fever.*—The typhoid bacillus is said to be almost always present in the gall-bladder in large numbers during an attack of typhoid fever, and to persist in that situation for many years after the attack has ended in recovery, and yet with all, cholecystitis under such circumstances is said to be comparatively infrequent. This is a statement that to my mind must be taken *cum grano salis;* it is difficult to believe, and yet we are told that it is easy of demonstration. The milder cases of infection of the gall-bladder, complicating enteric fever often escape detection on account of the stupor of the patient, and the absence of any marked symptoms. Holscher gave us a record of 2,000 cases of autopsies after typhoid fever, and in these he found the gall-bladder diphtheritic in five and perforated in one. Courvoisier has reported ten fatal cases of typhoidal cholecystitis. In 494 cases of enteric fever, four were complicated with cholecystitis, one of which was suppurative and fatal (Montreal records). It is but recently that involvement of the gall-bladder in typhoid fever has been viewed with anxiety. No doubt many cases in which this disease was a complication have recovered or died without a diagnosis of the complication having been made. Mild attacks of acute cholecystitis, while passing almost unnoticed, may pave the way for future complications, by leaving a foundation for the formation of gall stones with the conditions necessarily incident thereto.

*Time of Onset.*—The period of onset of typhoid cholecystitis may vary considerably. It has been stated that it may set in from the ninth to the fiftieth day of convalescence. Many cases occur after the temperature has become normal; the condition may come on after a relapse, and in all cases, as a rule, its onset is sudden. As I have said elsewhere it has been stated that the period of latency may extend over months and even years.

*Perforation of the Gall-Bladder in Typhoidal Cholecystitis.*—In the cases collected by Westcott for Keen, numbering in all seventy-eight, primary perforation of the gall-bladder occurred in thirty. Four cases were operated upon and three recovered. Erdmann added four others to Keen's total, and another was recorded by McCrea, increasing the total to thirty-five. Seven were operated upon and four recovered. Of the twenty-eight not operated upon, all died.

*Clinical Features of Acute Cholecystitis.*—It is scarcely necessary to say that cholecystitis may be catarrhal, suppurative, phlegmonous or gangrenous. This is but a repetition of