These two cases clearly emphasize the importance of even slight pain, if persistent, notwithstanding the absence of all other symptoms and signs. The first cause probably had no other symptoms and the second certainly had not.

The pain signifies local peritoneal irritation by whatever cause produced whether with or without perforation. A variety of conditions may be concerned in causing the pain to be slight and in preventing the occurrence of other phenomena. The infective bacteria may possess little virulence; partial adhesions may circumscribe the area of infection and so delay, if it does not prevent, the diffusion of the infection in the peritoneum; the patient may possess a sufficient degree of immunity to inhibit the activity, if not arrest, the growth of the infecting bacteria; and further, some people are but little sensitive to painful impressions.

However, sudden persistent pain in cases of typhoid fever is not always due to perforation as infection may occur without that accident. This was well illustrated in the case of a woman in the hospital lately; she was apparently suffering from typhoid infection. She had had a miscarriage two weeks before being received into the hospital; she was then suffering from a febrile condition which had existed probably from the time of the miscarriage, but apparently not due to it. The leucocytes were only 3,900, the spleen was large and the Widal reaction was reported well marked. At 9.30 on the evening of the 16th day after parturition and the second after admission to the Hospital there occurred a sudden pain, felt chiefly in the upper zone of the abdomen; it was persistent with fairly marked paroxysms. The abdomen was distended and somewhat tense, but an enema reduced it considerably. On seeing her an hour after the onset of the pain, the abdomen was rounded but quite soft in all parts; it was tender, especially in the upper zone; the spleen and liver were palpable; there was free sweating, especially of the face which was slightly cyanotic and its expression haggard. The pulse was very frequent and weak, temperature 104, respiration rapid and shallow. The leucocytes were then over 11,000 and there was some fluid in the peritoneal cavity. Sudden acute infection of the peritoneum had evidently occurred, and, as she apparently had typhoid fever, perforation was the most probable cause of it, although, of course infection may occur without perforation. Dr. Primrose saw her with me and we deemed immediate operation advisable, as probably giving her the only chance of recovery, although the outlook was anything but favourable. On opening the abdomen, some brownish serum was found in the cavity, the intestines in the upper