

Selected Articles.

THE ILLNESS OF THE KING.

The *Lancet* (London) of July 5th, writing upon King Edward's illness, says: The present condition of His Majesty the King and the future progress of his health, can be gauged best by a full consideration of the case from the very beginning. Our readers will be able to follow the thread of our remarks if they read in connection with them the brief account of His Majesty's illness which appeared in our second edition last week, and which we reprint below. Firstly, was there any condition present which might predispose to the developments of perityphlitis? Although no reference appears to have been made to it, it is far from unlikely that the severe attack of typhoid fever from which the King suffered in 1871 may have had some etiological connection with his present illness. The ulceration of the bowel in typhoid fever is especially severe near the ileo-cecal valve, and adhesions occurring as a result of the intestinal ulceration, especially when the attack has been prolonged, are not uncommon. Adhesions of this nature are liable to produce displacement and torsion in the neighborhood of the cecum, and it is now recognized that in this way the circulation may be distinctly interfered with, and that such disturbances of position and circulation are important predisposing causes in the production of perityphlitis. So that it is quite possible that the attack of enteric fever from which the King suffered more than thirty years ago may be really connected with the illness from which he is suffering now.

The present attack appears to date from some ten days earlier than the operation. For it was on June 14th that the King first complained of abdominal discomfort, but it was slight, and did not interfere with the journey to Aldershot. At midnight of the same day abdominal pain came on, and Sir Francis Laking was summoned and was able to relieve the urgency of the symptoms; and on the next day, June 15th, His Majesty was seen by Sir Thomas Barlow. Up to this time the signs and symptoms were indefinite, and though they were sufficient to suggest the possibility of perityphlitis, no trustworthy diagnosis could be made. On the afternoon of the 15th a chilly fit occurred; this was in all probability a real rigor, and marks the time at which, from the