

evidence of the presence of any of the parasites of malarial fever although the recurrence of the chills and their irregular type led to the suspicion that we were dealing with a case of æstivo-autumnal malarial fever, and although the patient had been exposed to the different forms of malaria while living in southern countries.

The leucocyte counts were generally between 7000 and 8000 with the beginning of the chill. During the height of the fever the leucocytes would rise to 17,000 or 18,000, and frequently to 30,000, the increase being entirely due to the polymorphonuclear elements. Practically every rigor was accompanied by such a leucocytosis. The red blood count was 3,596,000, the hæmoglobin 65%.

The physical condition of the patient changed but little, the friction rub on the left side increased and the pain in this region became more marked; the spleen became palpable, very low down, the border round and soft, the area of splenic dulness much increased. The patient developed no rose spots and no jaundice and had no other symptoms of typhoid fever. The induration and swelling in the right calf in the popliteal space rapidly diminished and the patient was able to move his leg with considerable freedom. It was Dr. Osler's opinion that we were dealing with a case of typhoid fever with thrombosis.

On the 8th day at 10 p.m., the patient's temperature which had been  $102^{\circ}_{10}$ , dropped suddenly to 100, and he was attacked by a most violent rigor. The temperature rose immediately to  $105^{\circ}_{10}$ , and fell in five minutes to  $96^{\circ}_{10}$ , a drop of  $9^{\circ}$ . With this sudden fall there were most profound discomfort and general prostration; the temperature remained subnormal for only two hours, after which it rose to  $99^{\circ}_{10}$ . It fluctuated about the normal for the next two days. Blood cultures were now taken both anærobically and ærobically with negative results, but as we have said, the typhoid bacilli remained in the urine and the Widal reaction was positive.

On the 11th day the patient had another chill with a sudden rise of temperature and fall to  $2^{\circ}$  below normal, and now for several days the patient's condition remained practically unchanged. He had chills irregularly and unexpectedly at different times of the day and night, they were not, however, so violent in character nor accompanied by such great prostration; between the chills the temperature became persistently subnormal and remained so up to the day of his death.

The patient's physical condition rapidly deteriorated, weakness became more marked, mental condition decidedly unfavorable, he answered questions rationally, though it was with great difficulty he could be got to answer at all. Emaciation was profound, appetite completely lost without vomiting; there was no increase of the slight jaundice noticed on admission, in fact at times this jaundice seemed to disappear.