

attention to the nature of the invasion in the exceptional cases. Only Moore (*Text-Book of the Eruptive and Continuous Fevers*, 1892) states:

"Of late years the classical insidious onset of enteric fever has in many instances given place to a more abrupt and vehement advance, characterized by decided rigors, violent headache and rapid rise of temperature. This at least has been our experience in Dublin during and since the epidemic of 1889. In a word, the whole course of the disease has become more typhus-like than formerly."

While we have met with few cases in which the severity of the onset was such as would justify the suspicion of typhus fever, in general Moore's experience coincides exactly with our own. We now present a few histories of cases met with in late years which will serve to illustrate the nature of the cases we have in mind.

CASE I.—Miss B. A., aged 18, spent the summer at Atlantic City. She had not been as strong as usual, and on Nov. 15th had a sharp attack of what seemed gastro-enteric catarrh. There was moderate fever, occasional vomiting, soon allayed, diarrhoea which proved quite severe, and obstinate and considerable abdominal pain. Under strict rest, rigid diet, and simple remedies the symptoms disappeared, but she remained so weak and pale as to suggest an attack of influenza with gastro-intestinal symptoms. By December 3rd she had improved considerably and went to an afternoon entertainment; the next morning she had a slight chill followed by intense headache, fever, which rapidly rose and the following day reached 104.2° and slight cough, but with no symptoms of intestinal irritation. On December 7th the temperature reached 105.2° . There was enlargement of the spleen and intense Widal's reaction, slight albuminuria and a marked Ehrlich reaction. Eruption did not appear until December 9th, after which it became abundant and widespread. The headache continued violent for several days; the bowels were constipated until the eleventh day, when slight and easily controlled looseness developed. Delirium was unusually slight. The temperature reached 105° several times, but on the whole was easily controlled by repeated cool sponging. Altogether the course of the case, after the unusually abrupt onset, with very early albuminuria and Widal's reaction, presented no special peculiarity or gravity.

CASE II.—J. S., aged 30 years, was suddenly seized with chills followed by rapid elevation of temperature to 103° or 104° , violent general pains, vomiting, and purging. His strength declined rapidly and when admitted to the hospital he was prostrated. The abdomen was swollen and tympanitic. The spleen seemed enlarged, though it