were at first rather in doubt whether we had to do with a simple pulmonary trouble, or with a complication of typhoid fever. The spots, however, soon appeared, and the disease ran a characteristic course. About three weeks ago, her temperature became normal, and remained so for one week. It was then noticed that she was not so well, and the temperature rose to 102°, and there has been since an evening rise to 103° or 105°, with marked morning remissions.

You must carefully distinguish between a post-typhoid elevation of temperature and a positive relapse, and it is to this point I would especially call your attention. Post-typhoid elevations of temperature occur quite frequently, and may take place within ten days or two weeks after the evening temperature has reached normal. Probably, the most common cause is some indiscretion in diet. A return to solid food is sometimes followed by a slight rise. Sometimes mental excitement or worry will cause it. At times, after allowing the patient to see his friends or to transact business, you will find that the temperature will go up and remain above normal for a few days. In one or two instances, I have seen constipation induce a rise of temperature. In these cases the elevation of temperature is usually the only symptom. There may also be increased frequency of the pulse. The fever, however, is usually transitory. and there are not the well-marked symptoms which characterize the relapse, which, when typical, is a repetition of primary disease. The temperature rises gradually, and may attain a maximum as great as in the original attack. There is usually abdominal tenderness, often diarrhœa, and frequently a re-appearance of the rose-spots. This patient has certainly a relapse which is running a very mild course. The eruption has been well defined, and some spots are still present upon the abdomen. There has been no special abdominal tenderness, and she has had no diarrhœa. She had no recurrence of the bronchitis, but the character of fever and the distinct eruption are sufficient to establish the fact that we are dealing here with a positive relapse, occurred and not simply with a post-typhoid elevation of temperature. There was another interesting feature in this case, namely, that when the relapse occurred she had attacks of epistaxis. The course of the relapse is usually, as I have stated, a repetition of the original attack, but you may meet with many variations. As a rule it is milder, the temperature rarely reaching the same height, and the course of the disease is rarely so prolonged. The majority of cases do well, and a fatal termination is not so common as in the primary attack. In this patient the original attack was mild, and the probability is that she will do well.

Case II.—Of the seven or eight cases of typhoid fever in the wards, this, perhaps, has been the most severe. The patient was admitted to the hospital eight days ago. There is nothing special in his family history, and his personal history is excellent. He was compelled to give up work sixteen days ago. The illnesss began with stiffness in the neck and soreness over the eyes. He did not have much pain in the back or the legs. There was pain in the stomach, and the bowels were constipated, and for the relief of this pills were taken, and the bowels moved freely. He also suffered with epistaxis, and thirteen days ago was compelled to go to bed.

When admitted to the hospital, the face was flushed, the eyes were bright, and he was quite rational. The temperature was 103.4°, the pulse a little over 100°, and dicrotic, and the respirations were not increased in frequency. Examination of the abdominal and thoracic viscera gave negative results. There was neither diarrhœa nor rash. Since admission the fever has been persistently high. He is now at the end of the second week of the disease. The eruption has been quite characteristic, not copious; the abdominal symptoms have been slight, as in most of the cases this autumn. The abdomen is slightly distended, and the spleen is somewhat enlarged. The most serious symptoms which this patient has presented have been those relating to the nervous system. If you watch him for a few minutes you will see that he is very tremulous. This began early in the case. It is best noted about the face, and when the patient responds to a question you will see that the muscles are quivering. When he protrudes the tongue, it trembles. The muscles of the hands and arms are in a state of jactitation, —sebsultus tendinum. This, as a rule, indicates profound involvement of the nervous system. He has had also pretty active delirium. He has attempted to get out of bed, and has had wandering, sleepless condition at night. He has not been in that torpid, heavy, stupid state which is seen in many instances of typhoid fever. The mental condition in the severer cases of the disease is usually one of stupor or semi-coma, or it is one of active delirium. Of the two the semi-comatose condition, as a rule, carries a more favorable prognosis. The active delirium is more serious.

A special condition calling for treatment in this case has been the persistently high temperature. He has been given antifebrin, and it has acted well, reducing the temperature two or three degrees in as many hours. Yesterday the temperature at 8.20 a. m. was 104.4°. He was then given eight grains of antifebrin, and the temperature was reduced to 100° by 11.50 a. m. Three days ago, the same dose of antifebrin reduced the temperature frem 104° to 100° within three hours. The drug seems to have acted satisfactorily as regards the reduction of temperature, but it has the unfavorable effect which most of these new antipyretics have, and which quinine has not, namely, that they produce profuse sweating, which is most distressing to the patient. The patient after the use of one of these drugs may be drenched with sweats as copious as those of phthisis. I have stopped the antifebrin and have resorted