

The leucocyte count was 7300 on March 5th, the day of admission, and 7500 on the 6th. Fresh specimens of blood examined repeatedly for malarial parasites were absolutely negative, even though they were taken before, during and after the chills. The examination of the sputum was likewise negative. The differential blood count on March 7th, showed a great increase of polynuclear leucocytes, over 90% being of this variety.

During the afternoon of the second day the patient had a very hard shaking chill, lasting for nearly an hour; his temperature rose rapidly from 97° to 102°_{10} , after which it fluctuated for a degree or two for about four hours, when it reached 104, and the patient had another severe shaking chill. Both chills were followed by the same profuse sweating as was noticed on the previous day. His temperature now dropped from 104 at 10 p.m. to 102 at 2 p.m. and to 96°_{10} at 4 p.m.

For the next few days patient's condition remained practically unchanged. He continued to have slight irregular elevations of temperature, but no shaking chills and no attacks of profuse sweating. The diagnosis of the convalescent stage of typhoid fever with thrombosis of the popliteal vein was made provisionally by Dr. Osler.

On the 4th day the patient had a severe pain in the left side of the chest and on auscultation there was a well marked friction rub in this area. The blood gave a positive Widal reaction in dilutions of 1—10 and 1—50. This reaction was always given by the blood of the patient from entry throughout his entire illness. On a number of occasions the reaction in dilutions of 1—100 was very rapid and perfectly characteristic.

On the 5th day the patient had another severe shaking chill, the temperature rising from 98° to 101°_{10} and to 102°_{10} , after which for half the night it remained at this point, then suddenly dropped, reaching 95° the following afternoon, a fall of nearly $7\frac{1}{2}^{\circ}$ in 14 hours. This chill was accompanied as well by profuse sweating and great constitutional discomfort.

THE URINE was turbid with a trace of albumin and a good many pus cells. Cultures gave a pure growth of typhoid bacilli, the organisms being typical, giving positive reactions on culture media and with the blood of patients suffering from typhoid fever. The administration of urotropine was begun a few days after admission with the result that after its administration the number of colonies from a given quantity of urine, gradually diminished, but at no time was the urine free from the typhoid bacilli.

The blood examination during this period was quite interesting. Although fresh specimens were examined constantly, both by day and night, and during and between the chills, there never was the slightest