

For purposes of comparison the following authenticated cases of typhoid with absence of the usual intestinal lesions may be tabulated as follows:

CASE.	OBSERVER,	CLINICAL TYPE,	PATHOLOGICAL CONDITION.
1.	Banti.....	Ordinary type.	Intestines normal. Spleen and mesenteric glands swollen. B. Typhi in spleen and mesenteric glands.
2.	Thue	Spleno-typhus.	Slight tumefaction of Peyer's glands. B. Typhi in spleen and kidneys,
3.	Vaillard.....	Meningo-typhus.	Peyer's Patches normal. B. Typhi in lungs, spleen, spinal cord. Streptococci in meninges and spleen.
4.	Karlinski....	Enlarged spleen. Typical symptoms wanting.	No lesions in intestines or mesenteric glands. B. Typhi in spleen. Cultures from other organs and blood, sterile.
5.	Karlinski....	Enlarged spleen. Dark red papules on trunk.	Intestines normal. Two areas of softening on septum of right ventricle. B. Typhi in spleen, liver, kidney and heart.
6.	Vincent	Diarrhoea, purpura, coma.	Peyer's patches normal. Congestion of small intestines. Spleen and mesenteric glands not swollen. Bilateral pulmonary congestion. B. Typhi and streptococci in spleen, liver, kidneys and heart.
7.	Du Cazal,....	Ordinary type.	No lesions of intestines or mesenteric glands. B. Typhi in spleen.
8.	Beatty	Jaundice, hæmaturia, coma.	Peyer's patches normal. Mesenteric glands and spleen enlarged. B. Typhi in spleen.
9.	Cheadle	Meteorismus, rose-spots, diarrhoea. B. typhi in urine.	Peyer's patches normal. Spleen not enlarged. Liver and mesenteric glands enlarged. B. Typhi in spleen. Partial serum reaction.

The case which we have the opportunity of reporting is in minor points somewhat different from any heretofore described. Unfortunately the history is imperfect on account of the very critical condition of the patient on admission.

For permission to report the case we are indebted to Prof. James Stewart.

CASE—W. S., æt. 25, labourer, admitted to Dr. Stewart's wards, Royal Victoria Hospital, on July 8th, 1897, complaining of headache, weakness and constipation.

Personal History.—Whooping-cough, scarlatina and mumps in childhood. Used alcohol to excess until three years ago.

Family History—No inherited taint.

On June 28th, patient came to the out-door department, stating that for some indefinite time, (about two months) previously, he had