

110 to 130; the temperature now shows marked morning remissions, and there is a gradual decline in the fever. The loss of flesh is now more noticeable, and the weakness is pronounced. The diarrhœa and meteorism may persist. Unfavorable symptoms at this stage are the pulmonary complications, increasing feebleness of the heart, and pronounced delirium with muscular tremor. Special dangers are perforation and hæmorrhage.

With the *fourth week*, in a majority of instances, convalescence begins. The temperature gradually reaches the normal point, the diarrhœa stops, the tongue cleans, and the desire for food returns. In severe cases the fourth week may present an aggravated picture of the third; the patient grows weaker, the pulse is more rapid and feeble, the tongue dry, and the abdomen distended. He lies in a condition of profound stupor, with low muttering delirium and subsultus tendinum, and passes the fæces and urine involuntarily. Heart-failure and secondary complications are the chief dangers of this period.

In the *fifth and sixth weeks* protracted cases may still show irregular fever, and convalescence may not set in until after the fortieth day. In this period we meet with relapses in the milder forms or slight recrudescence of the fever. At this time, too, occur many of the complications and sequelæ.

Special Features and Symptoms.—Mode of Onset.—As a rule, the symptoms develop insidiously, and the patient is unable to fix definitely the time at which he began to feel ill. The following are the most important deviations from this common course:

(a) *Onset with Pronounced Nervous Manifestations.*—Headache, of a severe and intractable nature, is by no means an infrequent initial symptom. Again, a severe facial neuralgia may for a few days put the practitioner off his guard. In cases in which the patients have kept about and, as they say, fought the disease, the very first manifestations may be pronounced delirium. Such patients may even leave home and wander about for days. In rare cases the disease sets in with the most intense cerebro-spinal symptoms, simulating meningitis—severe headache, photophobia, retraction of the head, twitching of the muscles, and even convulsions. Occasionally drowsiness, stupor, and signs of basilar meningitis may exist for ten days or more before the characteristic symptoms develop; occasionally the onset is with mania.

(b) *With Pronounced Pulmonary Symptoms.*—The initial bronchial catarrh may be of great severity and disguise the other features of the disease. More striking still are those cases in which the disease sets in with a single chill, with pain in the side and all the characteristic features of lobar pneumonia.

(c) *With Intense Gastro-intestinal Symptoms.*—The vomiting may be incessant and uncontrollable. Occasionally there are cases with such intense vomiting and diarrhœa that a suspicion of poisoning may be aroused.