tains the type met with in childhood; the symptoms are milder, and the duration in the great majority of cases is under three weeks.

In thirteen of my cases, the *onset* was sudden. Children apparently in good health were suddenly taken ill, so that within a few hours symptoms of disease were well-marked. In every case in which I have noted this fact, the sudden onset was associated with the disturbance of the gastro-intestinal tract, attributed at the time to an indiscretion in diet.

Of the well-recognized initial symptoms, headache was observed as present in 68 cases, (or S3 per cent. of the children over six years of age.) It is noted as severe in 16, (or nearly 20 per cent.) Vertigo is noted in 19 cases (22 per cent. of those over six.) Anorexia is noted in 49 cases. While no distinct chill is reported, in 12 cases the patients complained of a feeling of chilliness. In 18 cases vomiting is said to have taken place, but did not occur after the first day. Movements of the bowels, looser and more frequent than normal, were noted in 36 cases. Of these, 10 cases were distinctly diarrheal in character. Six of these were children in whom the sudden onset was attributed to indiscretions in diet. In only 4 cases did the diarrhea persist and require special medication. Constipation was present in a more or less pronounced degree in 59 cases, requiring rectal injections. Slight fulness of the abdominal parieties was noted at the onset in 48 cases. In 29, it is distinctly stated that no distension was present. Abdominal pain was noted as a complaint in 33 cases, while pain on pressure, a dubious symptom always in young children, is only stated to have been present in 15. Epistaxis occurred in 23 Tonsillitis was present in 6 cases. A slight convulsion was stated by the mother to have occurred at the onset of the attack in an infant of two years and eight months, but as this was one of the instances in which, apparently, the sudden onset was precipitated by injudicious feeding, it has probably little value as an indication of typhoid fever infection. The personal equation enters so largely into any estimate of the value of these initial symptoms that it is impossible for us to draw conclusions from them as to the prognosis of the attack.

Investigating the symptoms occurring during the course of the disease, we observe that the temperature range presents some peculiarities worthy of notice. A resemblance to Wunder-