

disease fully reported in detail, not only with reference to quinine but taking into consideration every circumstance of the case. This, of course, I have not had the opportunity of doing, and if I had it would be out of place in a paper of this kind. All the general results, however, go to strengthen my position. In typhoid fever, for example, the death rate has been higher in the hospital during the last five years, since the introduction of quinine, than ever before. An analysis of the report of cases which have occurred during the last three years does not show that the severity of the fever was lessened or its duration shortened by quinine. My own opinion is, that instead of giving comfort it produces great discomfort. Typhoid patients never complain of discomfort from the fever heat. Moreover, I have been enabled to compare the temperature charts of a number of cases which had been treated with quinine with a number treated in very much the same way but without quinine, and I have not been able to perceive any real antipyretic result from the drug. The fact seems to be that in the stage of ascent and in the stage of stasis of the fever the fluctuations are limited to a morning remission of  $1^{\circ}$  to  $2^{\circ}$  F. as a rule, and quinine given in these stages has no apparent effect. In the latter stages of typhoid fever great fluctuations occur independently of quinine or anything else, and if quinine is given they are apt to be attributed to it. I had prepared a number of charts to show that the fluctuations were, on the whole, not greater when quinine was given than when it was not, but, on second thought, it is so obviously unfair to give a temperature chart alone without any account of the case, that I have given up the intention of producing them. The average mortality of typhoid cases in the hospital for the last ten years was 10.45 per cent. During the last five years it has risen gradually year by year till last year, when it was 16.32 per cent., and, contrary to the experience of the great authority, Leibermeister, the deaths were not due to prolonged high temperature causing parenchymatous degeneration, but chiefly to the accidents and complications which so often occur in the course of the disease. For example: During the past year (1879) there were 12 deaths from typhoid fever in the