

dangerous complications; anginal seizures, hemorrhages, uræmic convulsions, and the like. In the presence of such acute exacerbations threatening life, nitrites must be employed freely in larger doses and one need not hesitate to increase still further the dosage if the symptoms continue or become aggravated. Venesection in such cases may sometimes prove an effective agent if the nitrites fail us, or the case is very threatening. It seems almost unnecessary to add that at this stage of the disease rest in bed and the simplest diet are imperative.

A CASE OF TYPHOID FEVER. DEATH BEFORE ULCERATION.

BY

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Patient V.M., male, aged 25. Occupation fireman. Admitted to the Montreal General Hospital on June 5, 1907, complaining of headache, diarrhœa, weakness, fever and loss of appetite.

History of the present illness:—Onset very indefinite. Says he has felt run down for the past three weeks, during which time he has had an occasional headache, no appetite and felt listless. During the past few days has had diarrhœa which has gradually become worse. On June 3rd was at work all day feeling fairly well. That night, however, he was seized with severe headache and diarrhœa and felt chilly. The next day June 4th, was feeling much worse and remained in bed. A doctor was called in, and, suspecting typhoid fever, had the blood tested for the typhoid reaction, the result being negative. Admitted to the hospital June 5th. Present condition (June 7th): Patient is a well nourished and well developed man of 25 years. Is in a semi-delirious state into which he passed a few hours after admission. He is constantly muttering to himself, reaching out his arms as though trying to grasp some object in front of him, and picking at the bed-clothes. When aroused he will do as he is asked and occasionally will answer questions rationally. A few rose spots, fading on pressure, are present for the first time on the upper part of the abdomen and lower chest. Temperature since admission has ranged from 104.4-5 to 106. Patient does not respond to the baths. Pulse varies from 96 to 112, is of small volume, low tension, regular and dicrotic. Heart sounds are distant and weak; there are no murmurs. Blood count shows 6,200 leucocytes: complains of abdominal pain; abdomen is markedly distended: vomited several times: has diarrhœa and incontinence of feces: slight epistaxis occurs at inter-