

and 103, once going up to 104, but at no time did it go below 102. At the end of the two weeks it went up to 104.3, and from that time till death, a week later, was never more than 103.

A notable feature of the temperature was the absence of variation between the morning and evening register. Up to the time I saw her on the 19th day, the general features of her illness were the fever, occasional vomiting, epigastric tenderness and sleeplessness. The pulse rate had gradually increased during this period, from 80 to 112. Her condition at this time was as follows: Temp. 103, resp. 22, pulse 112, a slight cough, she was blanched and somewhat emaciated, tongue moist and thinly coated, complained of great weakness, there was some mental dullness; she answered intelligently, but slowly.

*Physical Examination.*—Lungs clear, short cardiac systolic murmur at the apex very limited in extent, however, the abdomen very firm and markedly retracted, complained of considerable pain and tenderness in the epigastrium, neither the liver nor the spleen could be palpated, but the area of dullness of the latter was slightly increased. Careful search failed to discover any typhoid spots, and indeed there was little in the appearance of the patient to suggest this disease unless it would be the slight splenic enlargement. At this time, too, some stiffness of the arm and legs and back, and some fine tremor of the hands were apparent. These latter symptoms were not sufficiently pronounced to materially interfere with movement, and were ascribed to the weakness and abdominal tenderness, especially as they were most marked when attempting to turn her for examination.

Blood was taken for a "Widal" test, and the report three days later was "slightly positive." On subsequent inquiry, however, I was told that it was not sufficient to be diagnostic. Up to this time the patient had been fed mostly per rectum, and as it was deemed that sufficient time had elapsed more liberal feeding by mouth was ordered. This was taken and well borne. On the next day for the first time there was slight abdominal distension, which gradually became more marked, and persisted in moderate degree till death. Three days later she began to be delirious and have involuntary evacuations, all her symptoms becoming gradually worse, finally ended in death ten days later.

During the last week or so the tremor and rigidity became more pronounced, being somewhat more marked on the left side, the arms kept rigid at the sides, the hands flexed, the fingers spread apart, the legs were held straight and rigid, and the feet were hyper-extended till the heels were in line with