features of those minute organisms known to be materies morbi of this class of disease; but rather would I claim the liberty of dealing with some obscure features in the history of this disease, the study of which may be of service to us and especially in a clinical relation. I invite your attention to the subject of typhoid fever, confident that in it we have much to learn and much to unlearn. Let us stop to consider the conditions ordinarily implied in speaking of typhoid fever—these are, as I understand, them, (1.) Ulceration or inflammation of Peyer's patches and solitary glands. (2.) Inflammation of the *mesenteric glands*. (3.) Softening, and often pulpy degeneration of the spleen; and I state, that save in those cases where death occurs from the direct poisoning of the patient with the materies morbi of typhoid during the first ten days, without the conditions marked, the case is not typhoid, and *I would further state that such abdominal lesions cannot exist without abdominal symptoms.*

It is my belief that many cases of septicæmia of various degrees of severity, and from various causes are mistaken for typhoid, chiefly because we rely upon what is so unscientifically called the "typhoid state." I would briefly refer to a case which I had under my care in the Toronto General Hospital, and where I made such a mistake. The patient, Lelia Whimp, was under my care for the treatment of typhoid for seventeen days, during which she had marked typhoid symptoms, headache, furred and brown tongue, epistaxis, low delirium, and the condition ordinarily seen in typhoid. At the end of seventeen days her typhoid symptoms left her, and marked septicæmic manifestations replaced them, for a subsequent period of twenty-five days, when she died, and I made an autopsy of the case. Confident that I would find the characteristic typhoid lesions, and probably in them trace a cause for subsequent septic inoculations, I searched the abdomen carefully and was disappointed; no lesions existed, no evidences of a healing or healed ulcer were to be found; I searched the large bloodvessels and heart, for a cause of of the later septic manifestations; I searched the brain, hoping that some hidden cerebral abscess might explain away my puzzle, but all was in vain. I regarded the case with grave disappointment, and about to leave it, I caught sight of a slight fulness in the right ankle joint; on opening this I found it filled with the products of a pus-forming inflammation, and on pushing my examination to other joints, I found the right hip and the opposite knee filled with sero-purulent matter and the structures of the joint destroyed. I may say that during life there had been nothing complained of to call attention to the joints. I now present you the temperature chart, which I claim, during the first seventeen days of her illness, much like as one would expect it to be in a typhoid case; here was evidently a septicæmia mistaken for typhoid, by relying on the so-called typhoid state and the temperature chart.

To go back to my original statement, that after the first week abdominal lesions and abdominal symptoms must exist to prove typhoid. I know this will be opposed to the feelings of some, who recall cases of mild typhoid, without such, or any symptoms—the so-called typho-ambulans; but I believe such cases are mistaken diagnoses, and I would dispute the existence of such a thing as typho-ambulans. In support of this I will refer to one of several cases I have observed.

This is the case of Alice Wilson, admitted as typhoid into the Toronto General Hospital. She had no marked *abdominal symptoms*, but other indications of typhoid, brown and coated tongue, headache and epistaxis, lumbar-pain, diarrhœa, and the chart which I show you, and which you will see is from Feb. 3rd to March 3rd, is closely similar to a typhoid chart. Allow me, in criticising this chart, to state it is more like typhoid than usual, because, not only does it show evening rise and morning fall, but it shows a definite rise to a certain height, which was, for a certain time, maintained, followed by a gradual lowering to the normal and a fading away by lysis, as we know typhoid does. What I ask would be any one's diagnosis of such a case, limiting his observations to the first month. I feel it would be typhoid; but this patient, as you will see by her chart, again relapsed—many typhoids relapse—and suffered from recurring febrile attacks. She was allowed out of bed, and walked the ward suffering from March 3rd, with recurring attacks of typhoid, typho ambulatories. Early in April she developed marked symptoms of tubercular disease of both lungs, and physical signs, which revealed only too clearly the disease as pulmonary phthisis. In the middle of May last, one month after leaving the