

dicrotism became gradually less and less as the disease advanced, so that in the third week a pulse which during the first and part of the second week showed dicrotism has now lost its dicrotic character. The cases which showed most marked dicrotism all recovered, so that the prognosis seems to be good in these cases. On some days the dicrotism seems more marked than on other days.

Sudden death in typhoid fever occurs in about 2 per cent. of the fatal cases, and is the accident to be most feared in connection with the terminations of this disease. An accident of this description indicates the extreme caution which must be exercised during the convalescence of a typhoid fever patient, as the end may come suddenly, the consequence from movement or slight effort of the patient in bed. This ending may be preceded by symptoms of collapse, or death may be sudden without warning. This may occur in the 3rd or 4th week of typhoid fever, more frequently after the temperature has become normal or subnormal, and in the general weakened condition following the abatement of the fever, and sometimes the lessening of attention on the part of the physician and nurse and the withdrawal of stimulation. A French clinician, in analyzing 145 cases of sudden death from typhoid, noticed that it happened twice in the first week, 22 times in the course of the 2nd, 54 during the 3rd and 31 during the 5th week and the period of convalescence.

Sometimes sudden death is preceded by different symptoms, such as tachycardia or arrhythmia, but in some instances collapse occurs immediately. Sudden cyanosis and dyspnea with fatal collapse through paralysis of the heart, thrombosis of the pulmonary veins and œdema of the lungs may occur in convalescent patients who have left the bed too early. In other cases the patient becomes pale, but may have a few convulsive moments, utter a cry and become inanimated, and in these cases it is rare that he can be recalled to life with even the most energetic stimulation of caffeine, strychnin, digitalis, alcohol or hot applications over the heart.

This accident is very rare with children. In a series of over 350 cases analyzed it was not noticed once. Sudden death may occur as a result of hemorrhage, or pulmonary emboli or cardiac thrombosis, but during the wane and convalescence of typhoid fever sudden death is due to syncope, and in the matter of syncope it is risky to state the starting point of the reflex which acts upon the bulbar cardiac centres.

Treatment of the failing heart in typhoid fever requires almost constant watching and the closest attention to details to ward off