

between 102° F. and 104° F. for the first week. In the second week between 100° F. and 102° F., but subsided to normal before the close of the third week. Rose spots were distinct in one, absent in the other. In both, the spleen was enlarged; in both, loose movements of the bowels were present, but the diarrhea was not sufficient to call for special medication. The only treatment employed was tepid baths at a temperature of 95° F. reduced to 90° F.

In the fourth case I was called to see an infant of eighteen months suffering from cerebral symptoms which the attending physician regarded as probably due to tubercular infection. At the consultation, a few rose-colored spots were discovered on the slightly distended abdomen, the spleen was found to be enlarged, and three or four loose movements of the bowels had occurred each day since the onset of the sickness. A probable diagnosis of typhoid fever was made, which I was afterwards informed had proved correct. After an illness of sixteen days an uninterrupted convalescence set in.

Typhoid fever in the infant is generally regarded as a comparatively rare affection. Marfan states (*Traité des Maladies de l'Enfance*, Grancher, Paris. 1897. Vol. i., p. 332), that it is remarkable for the vague character of the clinical picture and its difficulty of diagnosis. The more exact methods recently placed at our disposal for the determination of the presence of the typhoid bacillus will remove the difficulty in diagnosis; and all cases of continued, perhaps it would be better to say, remittent fever in the infant, unaccompanied by any distinct localization of disease, should be carefully investigated. My personal belief is that instances of this infection will be found more numerous than the facts elicited in previous discussions on the subject in our Society would lead us to think.

The statistics of typhoid fever in infancy are still too meagre to enable us to draw any broad conclusions. Thus far only the more severe cases have been recognized. With the more accurate means of diagnosis now at our disposal, the typhoid fever of infancy may be shown to run a comparatively mild course.

After a careful investigation of the records of those cases occurring after two years of age, I do not feel inclined to draw a dividing line at any special age. While in patients over fifteen years, the disease generally assumes the characteristics met with in the adult, in my experience up to the age of fifteen it main-