of the autopsy suggested that death occurred during the second week of typhoid fever, and the early termination must be ascribed to the concomitant alcoholic poisoning and broncho-pneumonia.

In Case 3, in spite of the marked broncho-pneumonic character of the attack, the enlargement of the spleen excited suspicions as to the presence of enteric fever, which were confirmed in a few days by the results of the Widal test.

Attention may here, in passing, be drawn to the uncommon occurrence of an ecthymatous eruption on the abdomen and scalp during the fourth week, which persisted for more than a week after the temperature had fallen to normal.

The first two cases occurred at a time when the Widal test had not been discovered, so that the difficulties of diagnosis were much greater than would be the case now. Nevertheless, as broncho-pneumonia may arise early in the first week of typhoid fever, before a positive reaction to the Widal test can be obtained, the diagnosis may remain in doubt for at least a week. In a child the possibility of measles would at once be suggested, but in the absence of the exanthem after four or five days, this case may practically be excluded.

Whooping cough may give rise to a similar condition of broncho-pneumonia before the characteristic whoop develops. But the temperature in this case seldom exceeds 101°, even in quite young children, and the appearance of a paroxysmal cough and vomiting is not usually long delayed. My object in making this short communication is to direct attention to the existence of a mode of onset which may prove very misleading if the possibility of typhoid fever be not borne in mind.