

either from subsequent experience or from contact with my fellow practitioners. During this and the following year I saw perhaps twenty-five cases, all identical in every respect, all following the same course, and all fortunately ending in recovery. In both years the disease began its career in August, and in the second year it revisited two of the homes it had invaded the year before.

With only the very slightest premonitory symptoms, the patient was seized with intense sickness, nausea, vomiting, aching of the entire body amounting to an actual agony, and almost crimson redness of the face; often with coldness of the hands, and a temperature never in a single instance above normal; the pulse always feeble, ranging from 130 to 150.

These were the symptoms at the outset, of which the one most manifest was the intense misery of the victim, tossing restlessly about in bed, groaning, and complaining constantly of a pain located nowhere in particular, and in some instances begging pitifully for relief. The vomiting was not very violent or constant, but the nausea was persistent, with a continual sinking sensation in the stomach. The tongue became rapidly coated with a soft whitish fur, slightly brown or yellow in the middle, and the breath had a peculiar sweetish, not offensive, odor, but differing from any other that I can recall. The bowels were simply obstinately inactive, feces pasty, sometimes dark, and always somewhat offensive. Sitting up in bed or taking a morsel of food was sufficient to rekindle the nausea. There was no possibility of sleeping at first, and no tendency to sleep for days. There were no chills and no fever from the first to the last of any case. All these conditions, varying in degree, continued from four to ten or twelve days, ending in a very slow recovery with a marked tendency to relapse from either exertion or eating. In two or three instances there was a slight vomiting of blood, but never any hæmorrhage from the bowels, and never a condition of tympanites. The ages of the patients varied from six to sixty years, and there was no apparent distinction of sex.

The treatment adopted was, I am certain, entirely accidental, though I had some reason before the close of my experience to feel that I had selected it more wisely than I knew. The relief of the patient's misery was compulsory, and in each severe case I resorted to very moderate doses of morphine, which in a number of instances did not require to be even repeated. A full dose of calomel and a saline, followed by sodium salicylate in three to five-grain doses every few hours for four or five days or a week, and then a tonic, with strict injunctions against overexercise or overfeeding, constituted all