

affection, indicated perhaps only by a slight hoarseness, very grave symptoms may suddenly develop and demand immediate surgical attention.

Another very rare complication is thrombosis of cavernous sinus. Of this I wish to report two cases, the only ones occurring in this series, and, strange to say, both in the same year and only about one month apart.

The first case, a man aged 56 years, was admitted to hospital September 16th, 1904, with definite symptoms of typhoid fever, including a positive Widal reaction. On September 19th, his fourth day in hospital, he had a severe chill which recurred on the following day and again a few days later. On September 25th he had a slight hemorrhage, with a marked drop in temperature. This was repeated the two days following. On September 27th the right eye became slightly inflamed, and this was soon followed by marked chemosis and swelling of the eyelid, which very shortly afterwards completely closed the eye. The same condition developed in the other eye within two days. During this time patient's condition became rapidly worse, and death occurred on September 30th.

The second case was a woman 32 years of age, who was admitted to hospital on November 1st complaining of the usual symptoms of typhoid fever of the second week. On the fifth day in hospital she had a severe hemorrhage, which recurred after an interval of two days. At this time swelling appeared in the left eyelid and rapidly spread to contiguous structures. On the following day the right eye became involved, but the condition did not progress so rapidly nor to such an extent as in the left eye. Patient was by this time semi-comatose, and remained so until death occurred on the eleventh day of her stay in the hospital.

Unfortunately no autopsy could be obtained in either of these cases, but the edematous nature of the swelling, its sudden onset in one eye, and gradual extension in the other, and the rapidly fatal termination practically exclude any other diagnosis.