published by Manges. Another type, illustrated by a case, is that of suddenly occurring severe nephritis with continuous fever, and the grip type is still another of special importance and gravity as regards the diagnosis. The progress of the case, the roseola, the Widal reaction, etc., alone enable us to differentiate these cases. Manges explains these cases of sudden onset by a silent development of the germs in the system without presenting any marked clinical features until the disease is well developed. In some cases, however, a rapid development of the organisms in the body must be invoked to account for the condition. This rapid growth is favored by pre-existing infection of some kind, or other causes lessening the power of resistance. Whatever may be the explanation, the clinical fact remains that in about 10 per cent. of cases of typhoid an abrupt onset may occur with aberrant clinical manifestations, and that in any cases of severe acute illness of sudden onset with marked disproportion between the severity of infection symptoms and the clinical findings, a properly applied test for the Widal reaction must never be omitted. The fact that this reaction occurs more early in cases of typhoid fever of acute onset gives it a peculiar value in these cases.

Acute Hemorrhagic Pancreatitis.

C. F. New, Indianapolis (Journal A. M. A., December 30), reports a case of acute hemorrhagic pancreatitis occurring in an insane woman aged 35. The attack began with nausea and vomiting, soon followed by severe epigastric pain and tenderness, requiring opiates, and followed later by fever, tympanitis, rigidity and general jaundice. Death occurred suddenly within thirty-six hours from the onset of the disease. The autopsy revealed the pancreas except a small portion of the head and tail, involved in a soggy mass of coagulated blood, together with lesions of the liver, kidneys and spleen, an atheromatous condition of the larger arteries and some fatty degeneration of the heart. The author discusses the symptoms and points out the difficulties of the diagnosis. The pancreas is seldom alone diseased, its functions can be more or less fully performed by other organs, or by a small intact remnant of its own tissues. Still, he says, there are some things that should arouse suspicion of its involvement. Fitz has laid down a rule that when a previously healthy person or sufferer from indigestion is suddenly seized with violent pains in the epigastrium, followed by vomiting and collapse, and within twenty-four hours by a circumscribed epigastric swelling, tympanitis and