

Patient was partly conscious and seemed to be suffering from air hunger.

Reflexes on right side were very greatly increased; no Babinski's sign, and no incontinence were present.

Another convulsion followed in a short time yet the pulse remained full and strong. Respiration steadily failed and finally ceased fully 1½ minutes before pulse stopped.

The autopsy performed by Dr. von Eberts, showed all the organs to have a faint yellowish tinge. The heart was pale and flabby, spleen large and very soft; both kidneys were enlarged, capsules peeled readily and the organs showed marked cloudy swelling. The liver was also large and showed cloudy swelling. The gall bladder was normal. For 4 feet above ileo-caecal valve the Peyer's patches and solitary glands showed hyperplasia but mucosa was intact. Mesenteric glands were also hyperplastic. The bladder contained 2 oz. urine giving spectrum of methæmoglobin. The brain and membranes were normal.

The second case which is somewhat related to the first, was an Italian of 25 years, whose previous history showed nothing of importance. His illness began on Dec. 27th, 1905, with headache, general pains and slight cough, but no epistaxis. He entered the Montreal General Hospital on Jan. 2nd, 1906, with temperature of 102, pulse 118, respiration, 20. He was a strong muscular young man, his tongue and lips were dry and he was very restless but mentally clear. He had considerable diarrhoea. The spleen was very considerably enlarged and a number of rose spots were present on the abdomen. The thoracic organs and central nervous system were negative but the urine showed a very considerable amount of albumen with granular and hyaline casts, a sp. g. of 1020 and small quantity. Ehrlich's reaction was present and a few days after admission the Widal was positive.

He ran the ordinary course of a fairly severe typhoid until Jan. 8th, the 14th day of illness, when he had a chill, his temperature rising to 106. This was followed the next day by another chill. A week later the temperature rose but without a chill and the following day, the 21st of the disease a patch of erysipelas appeared over cheek and nose. On Jan. 22nd there was noted a diffuse purplish subcutaneous area about 3 x 2 in. over the lower end of the sternum and the rose spots present had changed to a purplish colour.

From this date onward these subcutaneous hæmorrhagic areas increased in number and size, appearing all over the body. The eyelid previously swollen as a result of the erysipelas also assumed a slaty purplish hue. Associated with this eruption there appeared epistaxis,