

into three groups. The first and second groups comprise cases which had been under my own observation or with whose clinical history I was familiar before the examination of the blood was made. The third group is made up of cases of which I knew nothing at the time the specimens of blood were sent to me.

In Group I. are included fourteen cases of individuals suffering from typhoid fever or recently convalescent from the disease. In nine of the cases the blood was tested during the active period of the disease, in one case as early as the eighth day. The reaction was marked in all but one of the nine cases. The case which gave the reaction on the eighth day was a striking instance of the value of the test. The patient was a boy twelve years of age, who had been ill for a week with fever, cough, malaise, pain, and stiffness in the muscles of the neck, and slight diarrhoea, which had been apparently excited by a laxative given at the beginning of his illness. I was called to see him at his home in a tenement house. He had a temperature of 101° , a slight cough, and the signs of bronchopneumonia of the right side, but complained principally of the pain in the neck. There were no rose spots, but I thought I could feel the spleen. I examined some of his blood, and the reaction was so marked that I had him sent at once to the hospital. His disease proved to be typhoid of a rather mild type, and the blood gave a positive reaction as long as he remained under observation. I have here a dried specimen of his blood, which still responds to the test, though it was taken from the finger over four weeks ago. I saw the patient to-day, two weeks after he left the hospital, and find that his blood now reacts less than the old dried drop of four weeks ago.

Another case in which the test proved of value was that of a patient who had been in the hospital for eight days without our having been able to arrive at a positive diagnosis. The patient entered the hospital on the 2nd of November with a history of a three weeks' illness, sudden in its onset. His condition on the day of entrance suggested typhoid fever, but his symptoms during the next few days were not what one would look for in the fourth week of the disease. On the 10th of November some of the blood was sent to the Board of Health for examination, and a marked reaction was reported. The further course of the disease sustained the diagnosis of typhoid fever, and repeated tests of the blood gave uniformly a positive result. It is probable that in both of these cases a diagnosis would ultimately have been made from the clinical signs, but the blood-serum test saved us several days of uncertainty.

One case only of the nine, in a private patient of Dr. Henry W.