

may be proportionately rapid from the first, but this has been quite unusual in our experience, excepting in the instances marked by pronounced nausea, vomiting and diarrhoea, or when recognized complications have contributed to accelerate the pulse. Two striking instances have been recently under our care in which the early rapidity of the pulse was of assistance in excluding typhoid fever. Each of these cases began abruptly, with symptoms quite like those narrated under the heading "Catarrhal Form." The fever remained at from 102° to 103.5° in spite of antipyretic remedies, the general appearance of the patient was highly suggestive, the appetite was wholly wanting for several days, the spleen was certainly enlarged in one and doubtably so in the other; in one there was a history of ill health for two or three weeks prior to the onset. In each, however, the pulse is quite rapid; disproportionately so, in fact. In one the diagnosis was further complicated by the fact that two bacteriologists reported that the blood caused agglutination of typhoid bacilli in culture, though neither observer found the motility of the bacilli destroyed. In neither case was there special epigastric tenderness. The further history of these cases excluded typhoid fever.

Loss of appetite is a symptom of some importance. It has seemed to us especially so in the case of children. It is true that anorexia is a common symptom in many diseases, but there are few conditions in which it is so pronounced and unremitting as in typhoid fever. In the cases marked by sudden onset the anorexia continues without change, after the pronounced symptoms of onset have ameliorated. In the case of other diseases beginning with like symptoms, the appetite, as a rule, improves as soon as the general symptoms subside.

Epigastric tenderness is a frequent symptom in the early days of typhoid fever, and one that is commonly ignored in descriptions of the disease. We mention it here particularly because we have seen cases in which this symptom was marked, and has been regarded as important in excluding typhoid fever.

Splenic enlargement, if detected early in a case, has always considerable weight in leading to a diagnosis. Its frequent occurrence in other infections, however, deprives it of great value, and its absence (to a physical examination) is very common.

The eruption of typhoid fever is an unreliable indication. A diagnosis resting mainly upon this is an unsound structure. The spots are frequently atypical, and not rarely similar eruptions occur in other diseases. Typical roseolæ are, of course, of some value.

The examination of the blood by the ordinary methods may occasionally aid the diagnostician. Pronounced deficiency in the