

On the other hand, we have the strongest proofs that our cases were typhoid, in a sequence of typical symptoms, completed by the finding of the characteristic typhoid spots.

Murchison says: "When after febrile symptoms of about a week's duration, lenticular rose spots appear in successive crops, the diagnosis of enteric fever is certain, whatever be the other symptoms. Two or three characteristic spots will be sufficient."

Acknowledging the cases to be typhoid fever, the question arises, what, then, was the nature of the cardiac phenomena? We have in the production of cardiac murmurs to take account of the factors engaged; namely, of the blood, of the endocardium, of the myocardium, and of the pericardium. There were no symptoms at all suggestive of a pericarditis, nor would such a disease account for the signs found; so we may dismiss a lesion of the pericardium at once.

A hæmic origin of the murmurs is not so easily set aside. In our 2nd case we have a girl of 21, probably a hard-worked servant, very anæmic, and with a history of having suffered from breathlessness, dizziness and palpitation for four months previously. No recent cause had occurred to bring on these symptoms, unless it were an anæmic state. But, there is strong evidence that there was long-standing valvular disease in her case. She had had scarlet fever as well as measles when a child, and it is quite possible that an endocarditis had complicated one of these diseases, leaving permanent damage. Compensation had been good from that time till perhaps four months ago, when she first noticed shortness of breath and palpitation. At this date, also, she left home and went to service, hence hard work may have lessened the perfection of compensation. Or mere anæmia may have given these symptoms irrespective of cardiac disease. At any rate, when the patient came under our observation, she had every evidence of long-standing disease of the aortic valves, in an enlarged heart, with pallor of the surface of the body, pulsation of the vessels in the neck, a capillary pulse, a systolic murmur heard at the aortic cartilage, and propagated up the great vessels of the neck.

If it were not that fresh cardiac symptoms were added to the foregoing, this case would not present the interest it does.