

Johns Hopkins Hospital Report, last January; and "Hepatic Fever," by Dr. Pepper, of Philadelphia, which appeared in *The Medical News*, last March. Dr. Osler's cases were all associated with gall-stones as a cause. There was no history of such a thing here. He had never had the semblance of anything like hepatic colic or acute pain in the region of his liver or stomach. One of Dr. Pepper's cases bears considerable resemblance to this case.

The semi-circular increase in the liver dulness has now become broadened out, and to-day there is a general painless enlargement which seems to be steadily increasing in all directions. His jaundice is now more marked during the fever which follows each chill. There is no mistaking this fact, for, with two chills a day, there is ample opportunity for observing it. What else than inflammation of the liver could cause these symptoms? No fluctuating point can be made out, yet we feel sure from the history of this case and Osler's and Pepper's cases, that there must be suppuration either in the liver or gall-bladder or both. Having arrived at this conclusion, and in view of the fact that he is steadily losing ground, an exploratory incision was discussed, and thought to offer the best chance of getting rid of the pus, if it should be found to be localized. If disseminated throughout the liver in minute foci, the wound could be closed up, and he would be very little the worse for the operation. His parents were told of our view of the case, and were quite willing to have anything done that would give him a chance of recovering. Before doing the operation it was arranged that Drs. Temple and Strange should meet Dr. McPhedran and myself, and decide finally as to whether an exploratory incision should be done or not. Dr. Temple was out of town, and Dr. McPhedran and Dr. Strange saw him, with me, on the morning of the 18th.

His temperature was 102½, pulse 110, and respiration 24, and he had had three chills since my visit last night. He had slept badly, waking every hour, then taking his milk and dozing off again for a short time. After going into the history of his illness, and examining him carefully, Dr. Strange was inclined to think some obscure condition of the liver was the principal trouble, and that this had been caused by malaria in the first instance. He suggested a

large fly-blister, 4 x 8, over the liver, and arsenic and hydrarg. perchlor. internally. He did not think an exploratory incision advisable—the indications were not sufficiently clear.

The friends were told Dr. Strange's opinion of the case, and the idea of doing laparotomy was given up for the present, so decided were the doctor's views on this point.

From this time till the 21st, when Dr. Temple saw him again, he remained very much in the same condition; that is, his temperature ranged from 97 to 103½, pulse from 88 to 132; his chills, fever, and perspiration returned about twice a day; his bowels—always loose—moved from one to three times a day, and, if anything, he took rather more nourishment. Egg-nog, boiled custard, and gruel were taken, in addition to the two or three quarts of milk. He looked better, and said he felt better. There was decidedly less jaundice than three days ago, and certainly less than when Dr. Temple saw him on the 12th. The nurse called my attention to one of the evacuations from the bowels. It was semi-solid, and appeared to be composed of at least half pure bile, the other portion a light-yellow in color. It was the first time anything of the kind had appeared, and both Dr. Temple and myself tried to make ourselves believe that this unloading of almost pure bile, coupled with his feeling decidedly better, was the beginning of a brighter and more hopeful outlook for him. While this improvement continued, Dr. Temple would not think of making an exploratory incision.

Aug. 27th. Liver dulness decidedly less; it measures at least two inches less in nipple line; no fluctuation or tenderness to be made out; the bowels have averaged four evacuations per day, and in every motion large quantities of apparently pure bile are to be seen; less bile in his urine; less jaundice; chills and fever about twice a day, probably not as severe as a week ago. There is this peculiarity in regard to the chills within the last day or two. Shortly after each chill sets in the patient becomes drowsy, goes to sleep, and sleeps or dozes till he begins to be feverish. If then questioned about his chill, he cannot remember it. On one or two occasions the nurse tried to rouse him, but could not do so while the chill continued. As soon as the fever begins he rouses up and gets