On the third day in hospital, the temperature rose to 105°.

2nd June. Widal test positive, and a subsequent examination confirmed this.

10th June. A crop of spots came out on the abdomen, consisting of small red papules and pustules, and some pustules subsequently appeared on the scalp. Some of the pustules developed into small abscesses and had to be incised. The pus contained a streptococci. On the same day the stools became pea-soupy and some sloughs were detected.

Defervescence took place at the end of the fourth week of the illness, the temperature falling in a critical fashion from 102° to 98.40 in the course of 24 hours. The child made a good recovery, and was discharged 13th July, 1904.

Although bronchitis of some degree is almost a constant accompaniment of enteric fever, it does not commonly attract much attention during the first week. But it may assume considerable proportions even at this early date, as mentioned by Osler and other writers. In the cases just narrated the bronchial affection was very pronounced from the beginning, and had evidently gone on to broncho-pneumonia. This was proved by the autopsy in Case 2, and there is every reason to believe that a similar condition was present in the other two cases also.

Case 1 was extremely puzzling. The child was taken ill rather suddenly, while in perfectly good health, with a febrile illness, which had all the characters of *broncho-pneumonia* The history of a fortnight's duration without any rash excluded measles. From the child's appearance and constitutional condition acute tuberculosis was strongly suggested, and it was not till the 26th day that evidence of typhoid fever was obtained. The spots appeared for the first time on this day, and convalescence began ten days later, i.e., about the 36th day of the illness. Whether the broncho-pneumonia was due to a mixed infection with the bacillus typhosus and other microbes, i.e., streptococci, or was a direct effect of the bacillus typhosus, is uncertain, though the former hypothesis is more probable.

In Case 2 the symptoms pointed to severe toxæmia occurring in a highly alcoholic subject, coupled with broncho-pneumonia. The patient was too ill to give any account of himself, and his condition prevented much physical examination. The results