

twenty-four hours as suddenly as it had come. The next point appeared in the small of the back, coming on just after breakfast and disappearing some time in the afternoon. The next and most severe of all was between the ribs, and lasted for a week. It was of such a character that we suspected pleurisy, but we could find no signs on auscultation. The pain was severe on deep inspiration and coughing was almost impossible. The next point appeared just in front of the heel on the outside of the foot and lasted about twenty-four hours, disappearing suddenly. Then the heel itself was affected. These attacks were from four to five days apart. The only reappearance since September occurred night before last, when the pain came on again in the big toe and was so severe as to prevent sleep. In the morning there was some swelling about the toe, but when he commenced walking it all disappeared.

The discussion then turned upon typhoid fever in general, and Dr. Simon Flexner spoke of mixed infections :

I became interested in this subject during three or four years of opportunity to study the most unpleasant cases of typhoid fever from this point of view, namely, those that came to autopsy. They are not interesting to physicians except to look back upon. I became impressed with what was not a new thought, but which was a growing one, that typhoid fever does not always run its course as a simple infection. There occur sometimes symptoms that point to septic infection of a different character from that of typhoid, and I think we have now a definite pathological basis for such an opinion. The intestines contain a large flora, as you know, in life. We have to deal particularly with the pus-producing bacteria, and these are such constant inhabitants of the intestines that we can readily understand how that, typhoid fever being on hand, they may become important factors, the condition of typhoid being favorable to the increase of these organisms. It is especially when they leave the intestines that we have to deal with mixed infections as a factor, when they get into the peritoneum, spleen, or mesenteric glands, and cause there suppurative processes. Such inflammatory processes, I think, are very seldom due to the bacteria of typhoid, the pyogenic organisms being usually the cause. These are, then, the cases of mixed infections *par excellence*, where we have to deal with a combination of effects, partly due to the typhoid germs, and partly due to the pyogenic organisms. There are cases of actual septicæmia of pyogenic origin which are associated with typhoid fever. A French writer has laid stress upon this point as to how it increases the seriousness of the prognosis. We have had some cases of blood infection where cultures were made during life. The typhoid fever germ so rarely getting into the blood and increasing there, it is difficult to obtain them, but the pyogenic bacteria found there may be culti-