

fæces cannot be distinguished with certainty ; besides, the intestines and their contents are often quite free from this bacillus, while it is found in abundance in other organs. There are several specimens of these bacteria under microscopes in the lobby, illustrating this difficulty of diagnosis.

So instances might easily be produced to show that no symptom is infallible. As one aid in making a diagnosis in doubtful cases, Ehrlich's diazo-reaction is very useful. This is well discussed in Johns Hopkins Hospital Medical Reports, Vol. 4, No. 1.

For the performance of this test two solutions should be kept on hand : (1) a 5 per cent. solution of hydrochloric acid in a saturated solution of sulphanic acid ; and (2) a $\frac{1}{2}$ per cent. solution of sodium nitrite. When required for use 40 c.c. of the former and 1 c.c. of the latter are mixed together. Equal parts of this mixture and urine are shaken together, and strong ammonia added. If positive results are obtained, a characteristic pink tinge is seen in the foam, and at the junction of the ammonia with the fluid a dark garnet ring appears. When the tube is shaken a uniform red color is the result, and upon standing an olive-green precipitate is deposited. This reaction occurs in other diseases, especially in those of a chronic nature, accompanied by much wasting, and in a few febrile infectious diseases, such as, occasionally, in acute rheumatism, meningitis, and pneumonia, usually in typhus fever and measles, and it is sometimes absent in typhoid fever, especially after the first or second week.

In the management of a case of continued fever, the nurse should be instructed to note the temperature, pulse, and respiration at regular intervals and often. Tuberculosis, septicæmia, and fevers characterized by inflammations of such organs as the liver, lungs, pleura, heart, or bones, should be carefully excluded. The presence or absence of any one or two symptoms of typhoid should not be considered important. No matter how distinct the case seems to be, this process of exclusion should be repeated again and again. It is very humiliating, after considering a case as typhoid a week, to have to confess that we are treating pleurisy. The suspicion of malaria should be set at rest by the microscope.

If we are confronted with a mild case, not malarial, which we would be tempted to call simple continued fever, Ehrlich's urine test will afford important information. Van Noorden says that "a mild afebrile or subfebrile disease with an outspoken diazo-reaction must always be considered as strongly suspicious of typhoid fever." If, moreover, one is able to discover Eberth's bacillus in the fæces or spots, the corroboration would be very strong.

Our opinions of a mild fever should be influenced very largely by its surroundings. Its occurrence with undoubted typhoid or malaria cases should point to it with suspicion. If we have satisfied ourselves that the