Selections.

The Abrupt Onset of Typhoid Fever.

The importance of the irregular types of typhoid, especially of those cases in adults with abrupt onset, is emphasized by M. Manges, New York (Journal A. M. A., December 30), both on account of the importance and difficulties of their diagnosis and their high mortality. He notes briefly some of the literature of the subject, and remarks that a distinction must be made between these cases and those that seem to be abrupt, but are not—the perforative cases. He finds from the records that the cases with true abrupt onset formed about 10 per cent. of all cases in the Mt. Sinai Hospital; they are, therefore, not infrequent. Cases of abrupt onset may be ushered in by various symptoms, either with chills, single or repeated, severe pains in the head, abdomen or other parts of the body, or by violent nephritis, pleurisy, grip, diphtheria, cerebrospinal meningitis, etc.; still another type are the hemorrhagic cases. A unique case in which the initial symptoms were tachycardia and heart failure is mentioned. Some cases of paratyphoid fever must also be differentiated from these cases of sudden onset. The cases resembling cerebrospinal meningitis are usually readily differentiated by their low leucocyte count, though clinically they may run an identical course for several days. The pneumo-typhoid and pleuro-typhoid types are well known and hardly require description. The types beginning with pain, simulating appendicitis or with pain in the head, are noticed, and cases where the diagnosis was difficult are mentioned. Another type is that marked by sudden high fever, with or without chills, the fever sometimes reaching its maximum of 105 to 107 in the first twenty-four hours, and often suggesting severe poisoning rather than typhoid fever. Death usually occurs at the end of the first week. Fortunately these foudroyant cases are rare. The hemorrhagic cases of typhoid are often of sudden onset and run a rapidly fatal course. Malaria may complicate the onset of typhoid, and, aside from this, repeated small chills are very common in the beginning, of the attack and repeated severe chills without any malarial cause may also occur. Sudden onset in the throat is rather rare and appears in the shape of the characteristic Bouveret ulcers or severe pharyngitis. Diphtheria of the pharynx may be associated with sudden onset of the disease in some cases, examples of which have been previously