The catarrhal symptoms continue for some time after the symptoms of typhoid have developed, and the further course of the disease shows no peculiar characteristics.

It will be recognized that both of these types of onset differ greatly from the classic invasion, and the difficulties of diagnosis must be apparent. If, as Leube states, the temperature has been observed from the beginning, and is regularly ascending or continuous, the pulse is increased, but not in proportion to the temperature, the spleen is enlarged within the first week, and roseolous spots appear in the second week, the diagnosis can be made without reservation. But, unfortunately, we are always called upon to make a diagnosis before a week has elapsed, and will not be ourselves satisfied at so long a delay in reaching a conclusion. It must, of course, be admitted that many cases present themselves in which it would be unwarranted to make a positive diagnosis before the expiration of a week, even when the symptoms have been regular in development. In such cases, we can only say that the clinical course is like that of typhoid fever, though the further development of the disease may show that the nature of the disease is something quite different. It would be more hazardous, however, to assert that the disease is certainly *not* typhoid, when the evolution of the symptoms is not gradual and progressive, and it is our present purpose to call attention to the fact that such atypical onset is frequent. There is, naturally, a strong temptation to exclude typhoid fever absolutely, when the onset is abrupt or violent. It has been so long and so universally taught that the invasion of the disease is insidious, and authors have so regularly neglected to call attention to the character of onset in the exceptional cases, when admitting that insidious onset is usual only, and not invariable, that we feel it necessary to call attention with emphasis to the kind of cases we are reporting. It may be well to allude particularly to some of the symptoms that may aid in reaching a diagnosis.

The temperature in cases marked by abrupt onset is, of course, an unsatisfactory guide. It rises with as great a suddenness as does that in influenza, tonsillitis, typhus fever, and other infections, and may reach the point of hyperpyrexia in a few hours. It furnishes no ground for diagnosis in these cases, and, in passing, we may remark that the gradual ascent of temperature, so often described as characteristic of typhoid fever, is very frequently wanting in typical cases.

The pulse is a far more certain indication. In atypical cases it increases as the temperature rises, but not with equal space. Very often the rate is below 100 or 90 during the first two weeks, though the temperature reaches 103° or 104°. In atypical cases the pulse