

On the 26th day, the patient convalescing rapidly, I find this note: "Area of cardiac dulness remains as on admission; the apex also where then found. But the systolic murmur then described as being heard over the upper part of the sternum, across into the axilla, up the neck, and the additional one, discovered three days later, at the apex; now at times cannot be heard at all, sometimes can be heard faintly at the aortic cartilage, sometimes at the apex."

Three weeks later, the patient was still in the hospital, having been detained by an abnormal temperature, which appeared after she had been given solid food. At this date, no trace of a murmur could be heard in any of the areas where it had been formerly heard.

While these two cases are different in many important points, they possess this feature in common, that, there was a progressive development of some cardiac affection in each. This was shewn, in the first case, by the presence of a murmur where none existed before and an addition in a few days of another marked murmur. In the second case, a murmur was present when the patient first came under observation, but an additional one was developed during the course of the disease. And in each, as the fever ran its course, these cardiac manifestations became less marked, entirely ceasing in one.

If the two cases cited were not typhoid, the inferences and conclusions to be drawn from them would be erroneous; hence, it will be necessary to briefly exclude those diseases which might be mistaken for it, especially those with cardiac complications.

Murchison says that "the various manifestations of tuberculosis constitute the maladies most difficult to distinguish from enteric fever." Fagge qualifies this by saying that "miliary tuberculosis of the lungs may be mistaken for typhoid with bronchitis." As there was no pulmonary involvement this can be at once excluded. Spots, closely resembling those found in typhoid, are described as being found in acute tuberculosis; but Murchison met with only one such case. It was diagnosed typhoid and died, the autopsy revealing the error. The strongest proof that our cases were not tuberculosis is, that both recovered. The same fact will exclude ulcerative endocarditis, and pernicious anæmia with febrile symptoms.