

number of white corpuscles. The above case he said was a severe one, and the symptoms were very grave, the patient being an alcoholic.

Case 2. The patient, aged twelve, was brought to hospital November 23rd, in a very weak state. Family history good, and the patient's former health also good. On November 4th was taken with measles, and was in bed a week.* Was delirious during this time. At the end of the week sat up; lost all power over the legs. By the twentieth of the month had become much thinner and was very irritable. On the twenty-first the pulse was 120, temperature 105°, respirations 26; delirium and muttering present; abdominal distension; tongue coated and foul; ochre-colored stools; pupils dilated; urine scanty and high-colored. On the twenty-second the temperature was 103; cerebral symptoms marked. Entered hospital on the twenty-third. Would not answer questions. Temperature 104°; almost pulseless. Strychnine and brandy were given. On the twenty-fifth the cheeks were flushed, the pupils dilated and inactive; tongue swollen and red with brownish coating. Remained on the back listless. Was very irritable if any examinations were attempted, crying out when the legs or body was touched. The legs could not be extended, being in a state of spasm; no desire for nourishment; constipated; knee-jerk and plantar-reflex increased; albumen in urine in considerable quantities; casts granular and hyaline; S.G., 1,020; urine by catheter; blood count, red, 5,800,000; white, 1,000; lungs negative; pulse weak and compressible. On the twenty-sixth the patient was a little more sensible; temperature 103°, pulse 100, respirations 27. On the twenty-seventh, pneumonia developed in the left apex and then in the right, shown first in crepitant rales, and by tubular breathing. Blood count, white corpuscles, 2,000. Post mortem showed a consolidation of both lungs; the kidneys very much enlarged, showing parenchymatous nephritis; intestines showed elevated Peyer's patches, showing the presence of typhoid fever. So that the patient was suffering from a combined attack of typhoid, pneumonia and nephritis, the kidney and lung symptoms being predominant. The reader then referred to the history of other cases of renal typhoid. In the case reported the pneumococcus was found in the lungs afterwards, and the typhoid bacillus was found in the spleen.

Case 3. Boy, aged sixteen, had inflammatory rheumatism a year ago. About four months ago came to the hospital with typhoid, and remained six weeks. For some months had been troubled with hacking cough; otherwise strong and well. Three weeks after his recovery from typhoid he went to work, his hours being from 5 a.m. to 6 p.m., and as his job consisted in pork-packing he was obliged to work in brine.