

the most prominent symptom is pain, which is usually extremely severe. The seat of the pain is, in the majority of cases, in the lumbar region of the spine, but no portion of the spine is exempt. The preference for the lumbar region may be explained by the fact that the bacillus of typhoid may be cultivated from the marrow of any of the vertebrae, but in greater numbers in the lumbar region than elsewhere. The pain may be accompanied by a high temperature, but this is just as frequently absent.

In twenty-two cases tenderness was present. In twelve no swelling, tenderness or other local symptom was present other than the pain on movement. In a few cases there were hypersensitive areas on either side of the spinal lesion. In twenty-three cases spinal deformity, varying from a slight prominence to marked kyphosis and scoliosis was present. In only three cases is any deformity stated to have remained. Out of eleven cases in which radiographs are reported, distinct changes in the bone or intervertebral disks were recognized in nine. The conclusion drawn from the analyses was that the condition is not neurosis, but is characterized by more or less definite local pathological lesions, which are sufficient to account for the symptoms. The prognosis is favorable, although the course is slow, usually extending over from three to five months. The most essential point is an early diagnosis, and consequently early treatment, which consists in opiates for the relief of pain, rest either in bed or by means of mechanical supports, tonics, and some would recommend the cautery.

Perhaps the most common surgical complication of typhoid is abscess formation. This may be multiple or single, and hardly any portion of the body is exempt. Numerous cases are recorded where it affected the axilla, ischio-rectal fossa, neck and buttocks. Bacteriological examinations in these cases usually reveal a mixed infection, although the bacillus typhosus occasionally is the only organism found.

In spite of the fact that this condition is so common, cerebral abscess is extremely rare, Keen in his monograph recording only four cases. I refer to this condition particularly because a case occurred in the hospital within the past year. The patient, a Polander, 30 years of age, was admitted to the hospital on the 4th of February of this year, stating that he had just recently recovered from an attack of typhoid fever. He complained of a painful swelling of quite recent development over the left parietal bone. There were no constitutional symptoms other than a slow pulse. Examination of eyes showed normal fundi. On shaving his head a sear was found over the tumor, and patient gave a history of having been hurt when two years old. The day following