

quinine had been taken faithfully and without producing cinchonism.

On August 2nd, when I saw him, I was told that he had had three chills within the last twenty-four hours, each one of which was followed by vomiting, fever, and subsequently sweating. The same evening I saw him again, and found he had had two chills since my morning visit. His temperature then was 99, pulse 76, and respiration 22. He had now had five chills in thirty-six hours, notwithstanding he had taken quinine gr. v. every four hours for some days, and this had been increased to gr. v. every two hours for the last twelve hours.

August 3rd, 10 a.m. The behavior of the chills during the preceding twenty-four hours, considering the amount of quinine taken, compelled me to believe that I had something more than a case of malarial fever to deal with; and as the patient and his friends were each day expecting a cessation of the paroxysms, from the free use of the drug, I was compelled to take them into my confidence, and say that I thought the trouble would more than likely end in typhoid fever, or what, for want of a better name, is often called typho-malarial fever. This morning his temperature was $98\frac{3}{4}$, and pulse 72, and though I had spoken of typhoid to the friends, I felt that such a temperature on the thirteenth day of the illness—even if pretty early in the day—was not consistent with the clinical history of that disease. At 3 p.m., Dr. McPhedran saw him with me. His temperature was 100 and pulse 76. The doctor thought that, though there was a strong malarial element connected with the case, it would eventually end in an irregular typhoid. He suggested dropping the free doses of quinine and giving small ones instead. Accordingly he was given gr. i. o. h. 4.

During the next four days his temperature ranged from $97\frac{3}{4}$ to $100\frac{1}{2}$, and his pulse from 80 to 92. By consulting the temperature chart it will be seen that on the 6th his temperature was 98° at 9 p.m., a very unusual temperature in the second week of typhoid. As an offset to the temperature and pulse, was the frequency and appearance of the stools. They have been moving from two to seven times per day, always offensive, and as his father described them, "just the color of mustard, and quite loose." Even on the days the evacuations were frequent

he had no pain, and they did not appear to exhaust him. In fact, it required some argument to make him believe it was better to use the bed-pan than walk to the bath-room; no iliac tenderness. His chills have averaged two per day, and very nearly always about the same hours—5 to 6 a.m. and p.m. They are nearly always ushered in with nausea and the frequent eructation of gas. Occasionally vomiting takes place before the chill, usually, however, just as it is over. Fever and restlessness, lasting from half-an-hour to two hours, follow each chill, after which the perspiration commences, when he begins to feel comfortable. As soon as the perspiration becomes free, he expresses himself as well again. Within the last day or two his father and mother have noticed that during the fever-stage his skin is slightly yellowish, and that as soon as the perspiration begins the yellowish tinge fades perceptibly. The patient was very dark naturally, having jet-black hair and whiskers. In addition to this (his natural color), he was quite bronzed from daily exposure on the bay when first ill, and it was difficult to notice any change in his complexion. After his mother called my attention to the decidedly yellowish tinge of his face and neck, during the paroxysm of fever, there was no difficulty in seeing that his conjunctivæ, too, were slightly jaundiced. There was neither pain nor tenderness in the hepatic region, nor was the liver or gall-bladder appreciably increased in size. Since his illness began he felt well in himself, except at the time of the paroxysms. He has had neither ache nor pain in his head, back, abdomen, or anywhere else. He is bright and intelligent as usual, and reads almost constantly, when not occupied with his chills and fever. He takes from two to three quarts of milk a day and enjoys it. He has not lost flesh.

August 8th, 5 p.m. As the illness is evidently not one of malarial fever, and as I am not able to say that it is typhoid, the parents asked to have Dr. Temple see him with me, with a view to throwing some light on it. His temperature was then $102\frac{3}{4}$, and pulse 100, while in the morning at 10 the temperature was 99, and pulse 86, and he had had one chill since my morning visit. Dr. Temple said the case reminded him very much of some cases of so-called jungle-fever which he saw when in India,