

This was on a Friday evening. The history was, she had been poorly all week,—galling headache, and miserable and worse towards evening, and each day less well than the day previous. The Sunday before she had gone to church, but did not feel up to the mark; on Monday, felt weak and generally miserable, with slight diarrhoea.

She was markedly flushed in the face, and features dulled, though eyes bright; pulse—full and soft, 110; tongue—coated with soft, white fur, and red at edges and tip; headache; was menstruating, but had no abdominal pain; had not caught cold, so far as she was aware; no appetite; bowels worse all week; temperature in axilla, 103; could not detect pain on pressure in right iliac fossa, but thought I detected slight gurgling there; no rose spots, but belly slightly tumid.

Third day—Feeling pretty sure I had a beginning typhoid, I asked for two or three days to complete diagnosis, gave her a calomel purge, and put her on a milk and lime water diet. Next morning (December the 6th), bowels had acted well; two loose motions; pulse, 104; temperature, 100½; now pain on pressure in iliac fossa, made her wince, and gurgling was distinct; no rose spots. Put her now on a simple febrifuge mixture of quinine, ½ gr.; ac. cit., i gr.; liq. am. acct. m. 20; glycerine ʒss., sp. eth. nit., m. 10; and ac. carbol. ½ gr., 4 q. h.

Seventh day, Dec. 2 a.m.—Pulse 128; T. 101½; four loose motions in past twenty-four hours, watery and yellow in color; gurgling and pain in iliac fossa distinct; no rose spots; tongue furred and almost characteristic; menstruation over. Same diet as before.

Eighth day, Dec. 3 a.m.—Pulse 104; T. 101¼; two loose pea-soupy, yellowish motions; no change in symptoms.

Now as to diagnosis.—I will only quote from one recent writer in the article on Typhoid, in the Ref. Handbook of Medical Science:—

“If in addition to the above systemic symptoms the temp. rises steadily from day to day, and from morning till evening, and reaches 103 or 104 by the fourth day, there will be little reason to hesitate as to the diagnosis.”

I felt no doubt, and told the patient and the friends that we had typhoid to deal with, and

reported the case to the health office, and asked for the inspector to examine the premises. He found them in the usual condition where the house is undrained, but could discover nothing special to call for his action in the premises. You will see, therefore, that by my action I had not the smallest doubt that I had a case of typhoid to deal with.

Ninth day, Dec. 4 a.m.—Pulse 100; T. 100; four loose stools, same character as before; pain on pressure in iliac fossa well marked, and gurgling also; no rose spots; tongue not so thickly furred, but bore same characters.

Tenth day, Dec. 3 a.m.—Pulse 96; T. 99½; two more muddy motions; pain in iliac fossa not so marked, though she still winced on deep pressure; no gurgling; no rose spots; and complained of feeling hungry.

Eleventh day, Dec. 6 p.m. Pulse 94; T. 98½; feeling quite hungry; two motions; no rose spots; pain in iliac fossa and gurgling gone; tongue cleaner. Patient evidently convalescing, as this report was taken in the evening.

Twelfth day, Dec. 7th, p.m.—Patient well. Pulse 80; T. 97; feeling very hungry, but I would not relax the dietary—nothing but milk.

The convalescence was uninterrupted, and on December 9th I let her up, and gave her a few raw oysters and a small piece of soft bread.

The only element wanting here was the rose-colored lenticular spots, which never appeared. But we are aware that they do not appear till from the seventh to the twelfth day of fever, and as my patient was well and temperature normal on the eleventh day, granting my count was right, they may not have had time to appear. And I may have been a day or two out in beginning the count of this fever, but I was as accurate as possible. We also know that many sharp cases of typhoid pass through an entire course without a rose spot appearing.

I saw more spotted cases in the Protestant Hospital here in the epidemics we had in my student days than ever I did in the Montreal General. And indeed, I well recollect the attention of the class there being often called to the spots on any particular patient as being well worth their observation and note.

So that while the lenticular spots are most important when present in any given case in