

scattered bronchial râles and cough. The patient was ordered to bed and the next day was found in the same condition. At this time he was more carefully examined and it was learned that he had been perfectly well until the exposure and cold developed. It was also found that he had moderate tenderness in the epigastrium. His bowels were constipated; there was no enlargement of the spleen. During the next several days his condition was unchanged. The fever continued at about the same height. The face, eyes and mucous membranes remained suffused. After one week's duration the continuance of the condition, the complete loss of appetite, the slowness of his pulse and beginning enlargement of the spleen, indicated probable typhoid fever, and within a few days several questionable spots were detected and Widal's test gave a positive reaction. After this the disease progressed regularly as a typical instance of typhoid fever.

CASE V.—C. W., aged 25, a medical student, began to feel badly on Friday afternoon. He had had a little headache for several days, but was not conscious of having had fever. On Friday, the day of apparent onset, the temperature suddenly rose, with chilliness, but no distinct chill. The thermometer registered between 103° and 104° and he complained of great soreness of the throat, of universal pains, and had some cough and bronchial râles. Three days later he was admitted to the hospital and during that day his temperature varied from 103° to 105.4° . The pulse was slow, registering 104 at the maximum and 84 at the minimum. Subsequently the history was that of an ordinary typhoid fever, with marked tonsillitis, some pharyngeal ulceration and annoying bronchitis among the pronounced symptoms of the first two weeks.

CASE VI.—Miss D., aged 28, a trained nurse, was attending a case, when on the 12th of February she took a bad cold. That evening her temperature rose to 101° and she felt very badly. She abandoned the case at once and went home. The next day her temperature reached 104° and she complained of much soreness of throat, coryza and cough. The physician first summoned believed that she was suffering with influenza. The temperature continued, however, at unusual height and was unaffected by antipyretics. She had never presented bleeding of the nose and was constipated. There was some tenderness over the epigastrium. Her appetite was completely absent from the first. Subsequently the case presented features of an ordinary case of typhoid fever.

The foregoing histories serve to show that of the instances marked by abrupt onset there are two particular types: One in which the