

J. G., male, aet. 52; M. G., female, aet. 27, and C. H., male, aet. 23. All developed an oedema of one lower leg—the leg in each case was much swollen, glazed and painful. This condition was caused, no doubt, by an obstruction to the return of the blood and is by no means rare. The treatment adopted in each case was absolute rest, with the leg elevated and the application of a lotion of Fluid Extract of Belladonna and Glycerine in equal parts. All made a good recovery. In the case of C. H., there was a more interesting complication. The spleen became much enlarged and very painful—the slightest pressure causing extreme pain. The temperature ran up to 107° F. This phenomenal rise was accompanied by a chill. The patient was given a dose of Phenacetine and Binoiodide of Mercury Ointment applied over the spleen. The temperature rapidly fell, and in three days the tenderness over the spleen had almost disappeared. The patient made a good recovery.

C. D., male, aet. 20. Case was progressing favourably. At the end of 3rd week, the temperature was normal and the patient was apparently convalescent. Suddenly the temperature took an upward curve, reaching on the second day 103°. Careful examination on the first day elicited no information as to the cause. On the second day there was a suspicion of dulness over the upper part of the left lung. The next day the dulness was distinctly noticeable, and the exacerbation of temperature was evidently due to a pneumonia. This case is instructive, not because pneumonia as a complication of Typhoid Fever is rare, but because of the insidious mode of its onset. The pneumonia was treated as if it were the initial disease, with the exception that more stimulants were exhibited. The pneumonia ran a regular course and the patient was discharged well.

A. L., female, aet. 60. Treatment symptomatic, course regular, convalescence had begun. Patient then had a chill. An examination was made and it was found that the left femoral vein was much swollen and knotted, and the parts around the vein also became inflamed. Treatment same as in the case of C. H. noted above. The Phlebitis was then followed by a Pneumonia affecting the upper portion of the right lung. A stimulating treatment was adopted and a good recovery was made.

I have submitted these notes upon Typhoid Fever, not because of anything unusual in their occurrence, but merely to emphasize the importance of having a continuous watch kept upon Typhoids. A chill or a sudden rise in temperature, indicates some complication for which careful search must be made. The points in these cases which