

could not be felt; the temperature continued high. The diarrhoea could not be checked, though it was not excessive. Examination of the lungs showed only a slight bronchitis; the heart-sound was sharp, but the heart was not enlarged and there were no murmurs. The patient's strength was quickly exhausted and he died five days after the commencement of the disease. His friends were closely questioned and they asserted that he had been absolutely well until the day of onset. The autopsy showed enlargement of Peyer's patches, with beginning ulceration in a few. The mesenteric glands were enlarged and on section grayish pink and rather edematous. The spleen was decidedly enlarged, soft, and easily friable. Bacteriologic examination discovered typhoid bacilli.

CASE III.—J. A., aged 27, an employee in the Post-office, summoned one of the writers to his home, where he was found abed. He stated that a day or two previously he had taken cold after a distinct exposure. His face was flushed, his eyes considerably injected, the lids swollen, and he complained of sore throat. The tonsils were enlarged and slight whiteness of the follicles was observed. There was some cough and scattered bronchial râles. The temperature was 100° and the pulse 96. The appetite was impaired, though he still had desire for food. The following day the symptoms were much the same. He had slept but little during the night, complaining of aching in his limbs, with some occipital headache. An antipyretic mixture had not affected the temperature. There was now considerable tenderness in the epigastrium. During the next few days scarcely any change was observed. The temperature remained persistently elevated to about the same point. The appearance of the patient was that of one suffering with an acute sthenic disease; his eyes were bright, his facial expression alert. Gradually, however, he assumed a different appearance and afterwards became dull and apathetic. He was positive that he had been absolutely well up to the time of his exposure and acute coryza. The further history of the case was that of a typical and mild typhoid fever.

CASE IV.—L. H., a young man aged 24, left Denver for his home in Philadelphia. During the first night of his journey he felt a draft and the next day was suffering with a coryza and sore throat. On his arrival in Philadelphia one of the writers was called to see him. He then had a temperature of 101.4° , a pulse of 80, and complained of soreness of throat and coryza, with slight cough. The tonsils were red and somewhat enlarged. The conjunctivæ were deeply injected and the eyelids swollen. The mucous membrane of his nose was swollen and breathing through the nose was difficult. There were