

Nervous signs are those of any mild infection, such as languor, headache, not extreme in degree, and perhaps a certain degree of bodily felt pains.

Careful physical examination elucidates usually a palpable spleen, but no rose spots. The Widal test is negative both to typhoid and para typhoid tests. Blood culture reveals nothing of value in the case.

Finally the clinical course gives us the picture of a mild febricula, the temperature, rising perhaps to a maximum of 101 for a day or two with a morning fall to 99 in some cases, while in others the course shows a rise and fall between 98.4-5 and 99 as its maximum.

As the first or second week passes, the coated tongue clears, the spleen gradually diminishes, the temperature settles and the appetite returns and the case is cured.

From my late position as Medical Registrar I have seen many such cases under many men, and the diagnoses have always been doubtful to my mind as far as they can be settled at all. Influenza, typhoid, para typhoid, ileo-colitis in the summer season and other intestinal infections all have had their supporters, and many other diagnoses were propounded.

Of the varied diagnoses, two require comment, and are much the more common.

Influenza infections are so frequent both in summer and winter and are accompanied, a fact frequently forgotten, by an enlarged spleen, that in a given case negative to all tests, with such a course as is stated, particularly if the onset tends to be more abrupt, the pains more marked, the tongue catarrhal in appearance and the appetite easily restored, then influenza is the most likely. In this class of case also one must watch carefully the lung condition, for I have several times found consolidation of a lobe occur, evidenced by blood-stained mucus if cough was sufficient to produce expectoration and by the usual physical signs, and yet with no sufficient alteration of temperature, pulse or respiration to attract attention, and latent pneumonia was present. Dr. Chambers has called my attention to this condition in Mitral Stenosis, and in one of my cases marked stenosis was present also.

But most of these cases are undoubtedly typhoid and para typhoid cases of mild severity.

The degree of gradual disinclination to eat and move, the coated tongue clearing as the week and a half passes away, the return of appetite at the close of the attack, and lastly, the appearance which strikes the observer so frequently in typhoid, and the odor which