

(d) *With Symptoms of an Acute Nephritis.*—Smoky or bloody urine, with much albumen and tube-casts.

(e) *Ambulatory Form.*—Deserving of especial mention are those cases of typhoid fever in which the patient keeps about and attempts to do work, or perhaps takes a long journey to his home. He may come under observation for the first time with a temperature of  $104^{\circ}$  or  $105^{\circ}$ , and the rash well out. Such cases seem always to run a more severe course than others, and in general hospitals they contribute largely to the total mortality. Finally, there are rare instances in which the first symptoms are perforation, or a profuse hæmorrhage from the bowels.

**Facial Aspect.**—Early in the disease the cheeks are flushed and the eyes bright. Toward the end of the first week the expression becomes more listless, and when the disease is well established the expression is dull and heavy.

**Fever.**—(a) *Regular Course.* (Chart I.)—In the stage of invasion the temperature may rise steadily during the first five or six days. The evening temperature is about a degree or a degree and a half higher than the morning remission, so that a temperature of  $104^{\circ}$  or  $105^{\circ}$  is not uncommon by the end of the first week. Having reached the fastigium or height, the fever then persists with slight morning remissions. The temperature curve follows the normal diurnal variations, the maximum occurring between four and eight o'clock in the evening and the minimum between four and eight in the morning. At the end of the second and throughout the third week the temperature becomes more distinctly remittent. The difference between the morning and evening may be three or four degrees, and the morning temperature may even be normal. It falls by gradual lysis, and the temperature is not considered normal until the evening record is at  $98.2^{\circ}$ .

(b) Variations in the normal temperature curve are common. We do not always see the gradual step-like ascent in the early stage; the cases do not often come under observation at this time. When the disease sets in with a chill, the temperature may rise at once to  $103^{\circ}$  or  $104^{\circ}$ . In many cases defervescence occurs at the end of the second week and the temperature may fall rapidly, reaching the normal within twelve or twenty hours. An inverse type of temperature, high in the morning and low in the evening, is occasionally seen but has no especial significance.

Sudden falls in the temperature may occur; thus, as shown in Chart IV, a drop of  $10^{\circ}$  may follow an intestinal hæmorrhage, and the fall may be very apparent even before the blood has appeared in the stools. Hyperpyrexia, temperature above  $106^{\circ}$ , is not very common in typhoid fever except just before death, when I have known the thermometer to register  $109.5^{\circ}$ . (Chart II.)

(c) *Post-Typhoid Elevations—Fever of Convalescence.*—During convalescence, after the temperature has been normal, perhaps for five or six days, the fever may rise suddenly to  $102^{\circ}$  or  $103^{\circ}$ , and, after per-