BLACKADER: Enteric Fever in Childhood.

ately quickened, but in the few instances to which I will refer later on, it was rapid and dicrotic.

The spleen is noted as palpable in 70 cases. In 8 additional instances, the splenic dulness was noted as increased under careful percussion. Tenderness on pressure over the spleen is noted in 18 cases. Rose spots were noted in 55 cases. In three only are they said to have been numerous. A diffuse erythema of the neck and chest is noted to have occurred during the first week in 2 cases.

In 8 cases during the course of the illness the abdomen is stated to have become distinctly distended. In 5 of these, diarrhea was present. In two cases rigidity and tenderness existed, which subsided on the application of an ice bag. In 4 cases, 2 of them under ten years of age, traces of blood were observed in the stools between the eighteenth and the twentythird days of the disease, but no severe hemorrhage occurred.

In 19 cases sonorous and sibilant râles are noted to have been present at the bases of both lungs. In 1 case a child of seven years is stated to have attended the out-patient department of the hospital for six days with symptoms indicative of an attack of bronchopneumonia. The physical signs noted were an impairment of resonance at both bases with numerous submucous râles; sibilant and sonorous râles over the upper portion of both lungs; and distant tubular breathing at the lower angle of the right scapula; temperature 103°; pulse 112; respiration 44. After admission into the hospital the spleen was found to be enlarged, and two days later, an eruption of rose spots occurred on the abdomen; the temperature assumed a remittent character, and the lungs cleared. Complete defervescence took place on the sixteenth day of the fever, followed by a relapse on the twenty-third day of the attack, lasting eight days. The temperature then fell to normal and convalescence ensued.

At the onset of almost all these cases, and throughout the attack in cases of moderate severity running a regular course, the pulse remains slow even under the stimulation of a high temperature, indicating possibly some action on the pneumogastric centre by the toxins of the typhoid bacillus; in severe cases, however, this action would appear to be more than counteracted by the effect of the toxin on the muscular wall of the heart, as indicated by the frequent development in children of a soft, systolic murmur heard frequently both at base and

6