came on much more frequently when she was vertical than when she was lying down, whereas a large thymus gland obstructs the bronchi most in the lying posture, because the sternum is then at its closest approximation to the bodies of the vertebræ behind.

Syphilitic stenosis of a bronchus was suggested, and anti-syphilitic treatment was persisted with for many weeks without the slightest benefit; there was not a sign of any syphilitic lesion elsewhere, the patient had lived all her life in respectable surroundings, and was only 17, so that, especially in view of the failure of anti-syphilitic remedies, syphilis seemed put out of court.

As no organic lesion seemed to fit the case, and as the girl did not lose flesh, and seemed strong, robust, and pretty, it was thought that the trouble must be functional. Except for the attacks of sudden dyspnœa, which sometimes lasted a whole day, sometimes much less, she felt and looked perfectly well. Sometimes she seemed a little better, sometimes a little worse, but upon the whole there was no obvious change either way from March to August. The attacks were always brought on when she was up and about and watched; they sometimes came on when she was watched in bed, or examined with the stethoscope; but if left to herself in bed she would go for long times without an attack, though she always breathed rather more rapidly than normal persons do.

Towards the end of August she had one of her severe paroxysms of dyspnœa, with little or no cough; everyone expected it would pass off as the scores of others had done, but instead of that she suddenly became extremely cyanosed, and died asphyxiated.

At the autopsy there was a dense fibrous stenosis of the last inch of the trachea and the first inch of each of the bronchi, due almost certainly to a healed gummatous infiltration.

The reason why anti-syphilitic treatment had done no good was that the gummata had already been converted into irremovable fibrous tissue. The reason why there had been no very abnormal lung signs was that the lesion was symmetrical and bilateral, so that there was no means of obtaining a difference in vesicular murmur between the two sides of the chest; and the trouble had led neither to broncho-pneumonia nor to fibrosis of the lung with bronchiectasis.

There was no syphilitic lesion anywhere else in the body; indeed, except for the tracheal and bronchial stenosis, and for acute over-distension of the right side of the heart, all the viscera were normal.

AMBULATORY TYPHOID.

Ambulatory typhoid fever is said to be very fatal, but it is clear that this is almost impossible of proof; a typhoid fever patient who never becomes ill enough to lie up in bed will not be diagnosed as typhoid fever at all; the commonest way for ambulatory typhoid to be recognised is by the patient dying, and the ulcerated ileum being found at the autopsy. It is clear that no one can say how many ambulatory cases have recovered, seeing that, being well enough to walk about all the time, they escape entirely from all statistics on the subject.

The fact that patients with typhoid fever may have no symptoms of it at all is well known. It emphasises the necessity for including enterica as a possibility in a great many obscure abdominal conditions that are atypical, and for not omitting to take serum for a Widal's test in other cases besides those in which the diagnosis of typhoid fever is fairly clear. The following is an instance of ambulatory typhoid:

A boy, aged 4½ years, was first regarded as ill two days before his death. Upon inquiry it was found that he had complained, a fortnight previously, of some "red places" on and below his knees, and of a little pain in his right ankle; he was kept in bed that day, but seemed nearly right the next. He continued well, and on the day but one before his death he ate a good dinner, and seemed to be in his usual health when put to bed. During that night, however, he began to have stomach-ache, was sick, and had some diarrhœa. The abdominal pain and vomiting persisted all night, and next morning there was a little blood with the stools. A doctor was sent for, and on arrival he found the patient pulseless, with dilated pupils, and short, shallow respirations. Nothing abnormal in the way of physical signs could be detected. Saline infusion and stimulants were resorted to, but without benefit. The child lived till the next day, nearly moribund all the while, and finally died, without any diagnosis having been made.

At the autopsy there was nothing abnormal to notice about the exterior of the body. The spleen was not enlarged; nothing was wrong except in the bowel. The lower part of the ileum was acutely inflamed; its outer surface, beneath the peritoneal coat, was covered by many hæmorrhages; the cæcum and first two inches of the colon were similarly affected. The mesentery was thickened as if by inflammatory exudation, and the glands in it were swollen and pale. The ileum, when opened, was found to be the seat of numerous typical "typhoid" ulcers affecting the Peyer's patches; many of the latter which were not actually ulcerated were swollen and inflamed. There were altogether 33 ulcers in the ileum, and in the cæcum and ascending colon there were some follicular ulcers in addition to general enlargement of the lymphoid follicles. Between the ulcers the mucous membrane of both ileum and colon was acutely congested, suggesting that the terminal symptoms were due to an acute entero-colitis superimposed upon the latent typhoid ulceration.

The condition, it might be urged, was possibly some other form of bowel trouble than enterica; in order to check this, however, some heart-blood was kept, and serum from it was used for a Widal's test. The latter was completely positive, clumping occurring well within half an hour when the serum was diluted 1 in 200.