

Age,
 Contagiousness,
 Incubation,
 Duration,
 Cerebral Symptoms,
 Emaciation,
 Face,
 Skin,
 Temperature,
 Abdominal Symptoms,
 Epistaxis
 Pulmonary Complications,
 Eruption,
 Change for the better,
 Death,
 Post-mortem Appearances,

TYPHOID FEVER.

Generally from 18 to 35 years.
 Not contagious or feebly so; often sporadic.
 Contagious, sporadic, and epidemic (Clark).
 10-14 days.
 Fully 23 days, often much longer. Usually 4 weeks (Clark).
 Come gradually, last long, and less severe.
 Great.
 Pale or flushed (bright pink, not dusky), confined to cheeks.
 Hot and sometimes covered with acid perspiration.
 A pathognomonic range.
 Diarrhoea, tympanites, and gurgling in right iliac fossa; intestinal hæmorrhage not unusual.
 Common.
Bronchitis and Pleurisy.
 Rose-colored lenticular spots, chiefly on abdomen and chest, and not usually on extremities; comes in second week and goes in the third (Clark). Disappears on pressure; may be renewed.
 Gradual.
 Seldom before end of second week; usually in or after third week.
 Constant.

TYPHUS FEVER.

At all ages, even beyond middle life.
 Highly contagious; generally epidemic.
 6-12-21 days.
 Much shorter, usually three weeks (Clark). May not be prolonged beyond two weeks.
Delirium or decided stupor comes soon; headache has come and gone by tenth day.
 Less; more prostration.
 Deeply flushed and of dusky hue; not injected.
 With pungent heat, and sometimes emits an ammoniacal odor. The odor is peculiar and characteristic.
 No pathognomonic range.
Bowels constipated; tympanites rare. Sometimes acute dysentery as a complication or sequela.
 None.
Pneumonia, or at least more marked and intense congestion of the lungs, and *bronchitis* of the fine tubes.
 Darker and all over the body; occurs early, fifth to eighth day, and lasts a week (Clark); does not disappear on pressure; is not renewed.
 Sudden.
 May be at end of first week, and often before the end of second week.
 Not constant.

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 -of the eye
 -and subcutaneous
 -abscesses, ery-

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