of view, which is abundantly supported by clinical evidence, the intestinal tract merely represents a point of departure for the typhoid germ and not the sole place of localisation for its development. Sanarelli is of the opinion that the lesions of the intestine are due to an elective action, not of the bacilli themselves, but their toxins acting from a distance, but this hardly coincides with what we know of the presence of the germs in abundance in the intestinal mucosa. In any case the intestinal lesions should not be regarded as all important, but rather as incidents in the course of a general process. Thus it becomes conceivable that these lesions may at times be wanting. And this is the fact. The prodromal symptoms of the disease, the headache, malaise, anorexia and fever, are to be referred to the nervous system, and the lesions of the intestines may be atypical, delayed, or even absent. Our knowledge, then, of the symptomatology of the disease goes to prove that typhoid is not primarily or necessarily a disease of the intestines any more than variola is merely a disease of the skin. And in support of this view we have the analogous intestinal lesions which are sometimes present in the course of variola, measles, scarlatina, erysipelas and pyæmia. Besides this there is the well known fact that the intestinal lesions bear no relation to the severity of the systemic infection, nor do the objective symptoms referable to the intestine—meteorismus, diarrhœa and the like—bear any relation to the local pathological condition.

Consequently it would be more definite and more accurate to include the typical text-book disease under the term "Enteric Fever," employing the term "Typhoid" in a wider sense to include all pathological processes and conditions resulting from the action of the bacillus typhi or its toxins.