satisfactory account of the clinical and anatomical distinctions we now recognize. No student should fail to read these articles, among the most classical in American medical literature.

Louis' influence was early felt in Boston, to which, in 1833, James Jackson, Jr., had returned from Paris. In this year he demonstrated, in his father's wards at the Massachusetts General Hospital, the identity of the typhus of this country with the typhoid of Louis. He had already, in 1830, noticed the intestinal lesions in the common fever of New England. Though cut off at the very outset of his career, we may reasonably attribute to his inspiration the two elaborate memoirs on typhoid fever which, in 1838 and 1839, were issued from the Massachusetts General Hospital, by James Jackson, Sr., and Enoch Hale. These, with Gerhard's articles, contributed to make typhoid fever, as distinguished from typhus, widely recognized in the profession here long before the distinctions were recognized generally in Europe. Thus, the diseases were described under different headings in the first edition of Bartlett's admirable work on Fevers published in 1842.

The recognition in Paris of a fever distinct from typhoid, without intestinal lesions, was due largely to the influence of the able papers of George C. Shattuck, of Boston, and Alfred Stillé, of Philadelphia, which were read before the Société médicale d'Observation in 1838. At Louis' request, Shattuck went to the London Fever Hospital to study the disease in England, where he saw the two distinct affections, and brought back a report which was very convincing to the members of the society.

Stillé had the advantage of going to Paris knowing thoroughly the clinical features of typhus fever, for he had been Gerhard's house-physician at the Philadelphia Hospital, where he had studied during the epidemic of 1836. At La Pitié, with Louis, he saw quite a different affection, while in London, Dublin, and Naples he recognized typhus as he had seen it in Philadelphia. The results of his observation were given in an exhaustive paper which presented in tabular form the contrasts and distinctions, clinical and anatomical, which we now recognize.

In Great Britain the non-identity of typhus and typhoid was clearly established at Glasgow, where from 1836 to 1838 A. P. Stewart studied the continued fevers, and in 1840 published the results of his observations. In the decade which followed many important works were issued and more correct views gradually prevailed; but it was not until the publication of Jenner's observations between 1849 and 1851 that the question was finally settled in England.

Etiology.—Typhoid fever prevails especially in temperate climates, in which it constitutes the most common continued fever. Widely distributed throughout all parts of the United States and Canada, it probably presents everywhere the same essential character.

It prevails most in the autumn months. Of 1,889 cases admitted to the Montreal General Hospital in twenty years, more than fifty per cent