

a post-mortem examination. This revealed both recent and old intestinal ulceration.

The average duration of intercurrent relapses was 16 days.

Those cases in which during convalescence the temperature rises and remains up for a few hours or days, should be called cases of "recrudescence" or "after fever" or "false relapse."

The average of the other eleven cases was eight days. Of the 28 cases three died.

Generally the relapses resemble the primary attack, but are milder and symptoms appear earlier.

Contrary to MacLagan's view relapses were more frequent in cases of diarrhoea; 5 only occurred with constipation, while 16 were in diarrhoeal cases.

The second part of MacLagan's view, viz., that the relapse is due to an infection from the cast-off sloughs can hardly explain the relapses in the fourth week, for Dr. Hunt claims that re-infection must have taken place in the second week before the period of sloughing.

The fact that a real invasion of the intestinal and mesenteric glands by typhoid bacilli takes place is rather opposed to the explanation of the relapse by reabsorption of toxins alone.

Chantemesse, believing that the bacilli of typhoid are not promptly gotten rid of, in any case, explains relapses by a fresh growth of these, but of what causes these fresh growths we are still ignorant. They may be determined by degree of immunity induced by the primary attack.

### **Nervous Dyspepsia.**

DR. TH. ROSENHEIM. "Ueber nervöse Dyspepsie."—*Berliner Klinische Wochenschrift*, Nos. 42, 43, 44, 1897.

Dr. Rosenheim's paper on this subject, read before the International Congress at Moscow last year, contains much of interest. His conclusions found at the end of his article are thus freely translated:

1. Nervous dyspepsia is an independent type of disease according to Leube. It is principally a neurosis of sensation to be distinguished from hyperaesthesia of other forms by the continued activity of the digestive process. It resembles especially the various forms of gastritis, but only in a moderate degree.

2. The motor and secretory functions of the stomach may show in nervous dyspepsia a departure from the normal. Anacidity, subacidity, superacidity, diminished gastric juice, increased motility, and atony are frequently enough demonstrated. The state frequently changes, and these examination results are significant of the condition.