

*pythogenic* fever. He has established a very valuable distinction amongst the examples of this fever, viz., those in which the symptoms of intestinal disorder progress *pari passu* with the primary fever, and these are the most frequent, and those in which the entire symptoms do not declare themselves until after the primary fever has run its course of two, three or four weeks and a true convalescence appears to have been established but proves delusive. The latter cases are fortunately the least frequent, as they are certainly the most serious, the intestinal symptoms, not only assuming a marked severity but often issuing fatally. The author dwells upon two symptoms as indicative of the existence of morbid action in the abdominal viscera in typhoid fever; one, an elevation of temperature in the abdominal parieties, sensible to the thermometer as well as the hand, and ranging above that of other parts for days in succession; the other an inordinate action of the abdominal aorta, or the iliac arteries, or both, with but moderate force and volume of the heart and radial arteries. These symptoms may be unaccompanied by pain, tenderness, or uneasiness of the abdomen, yet by themselves indicate the propriety of at once attempting to combat the intestinal lesion they represent. The intestinal lesions of typhoid fever are described with much minuteness by Dr. Lyons, and although his description of them agrees in almost all important particulars with Rokitansky's, it is even more full and proves the author to be an accomplished and painstaking morbid anatomist. The reader is not to infer, as he may readily do, from the author's way of putting it, that Rokitansky has not described the processes of sloughing and cicatrization that occur in the glands of Peyer in this fever, he has done so, though not as distinct *stages* of the morbid process. To Dr. Lyons, however, belongs the merit, if we mistake not, of first describing the slow atrophic process that now and then invades the intestinal mucous membrane, especially the tubes of Lieberkühn, in protracted cases of enteric fever, a process strictly similar to that announced in 1854 by Dr. Handfield Jones, as of frequent occurrence in the stomach. Unlike the great German pathologist, the Dublin professor has found the heart "flabby and soft, and its texture friable" in typhoid fever, "but never the same extent of degeneration and of the fishy condition that obtains in extreme cases of typhus." The discussion of the intestinal lesion met with in the secondary fever of cholera, and known as "cholera typhoid," may seem out of place in a work on fever, but this *contre-place* may be excused, not only because the author gives the result of his own observations and researches on this interesting subject, but because of the important bearing of cholera typhoid upon the pathology of typhoid fever; the constitutional symptoms and the intestinal lesion being very much alike in both, and the pyrexia of both bearing intimate relations to, if they are not positively dependent upon the enteric lesion. Chapter viii contains a notice of typhoid fever as observed by the author in the Crimea, with a summary of the history of the cases and of their chief post-mortem appearances.

This review has already attained proportions that prohibit any adequate notice of the treatment of fever, recommended by Dr. Lyons. His remarks upon the measures suitable to combat the cerebral symptoms of typhus, upon the employment of tartar emetic and opium, and the administration of wine and stimulants in that disease, and upon the general management of the patient are worthy of