

The prognosis for evil in all cases is in proportion to the length of time, the continuous existence of albuminuria, the presence of tubercasts, the persistence of a low specific gravity, the presence of an accentuated aortic second sound, the accompanying headache, the age of the patient, the weight of the applicant and his habits with respect to alcoholic drink.

Dr. Symonds does not favour the suggestion that all applicants with albuminuria should be insured at an extra premium so as to secure the company against loss, for he recognizes the injustice which would thus be done to those who are the subjects of transient albuminuria.

The Relapse of Typhoid Fever.

E. BERTRAM HUNT. "The relapse of typhoid fever."—*The Practitioner*, March, 1898.

Dr. Hunt reports 40 per cent. of cases showing a relapse in a group of 71 cases recently treated in University College Hospital. This is very high. Two cases show double relapse, and in one three successive relapses occurred. An attempt is made in this article to establish a clearer understanding of the application of the terms "relapse," "recrudescence," and "intercurrent relapse." That confusion arises in the application of these terms all readers must admit, and Dr. Hunt's teaching is reasonable and clear, and if followed would do away with misunderstanding in this connection. The chief point is emphasized, when he says that, a relapse may occur without any interval clearly defined between the primary attack and the relapse. It is a repetition of the morbid process. This repetition produces a re-establishment of some or of all the clinical features of the case. He does not agree with Murchison and Dreschfeld who do not recognise a relapse before convalescence from the first attack is fairly established.

In support of this position he quotes 4 cases described by Irvine, 11 cases seen by Shattuck, and further remarks that Fagge, Osler, Chantemesse and others recognize that such cases are true relapses. They may be termed intercurrent relapses. Of the 28 cases of relapse reviewed by Hunt, 15 occurred before the temperature reached the normal, hence 15 cases showing "intercurrent relapse." Eleven cases showed the relapse after an apyretic interval. In two cases the intercurrent relapse was followed by a period of apyrexia—and a second relapse. In this analysis a reason for the high percentage of relapses may be found—many other observers not reckoning these *intercurrent* temperature elevations as relapses.

During only one recurrent relapse was an opportunity afforded for