

mainly, various degrees of vascular turgescence of the mucous membrane of the small intestines, and now and then in a few isolated cases, three or four small irregular superficial ulcerations engaging the mucous membrane only; and he states it as his conviction "that any true follicular lesion of the intestine is as rare in typhus fever, as it is common in typhoid."

We confess to a feeling, somewhat akin to shame, when we reflect upon the various and opposed representations of what are mere matters of correct observation that emanate from men who assume the responsibility of publishing their opinions. Notwithstanding the labours of Bretonneau, Louis, Chomel, Bright, Armstrong, Gerhard, A. P. Stewart, Jenner, and a host of others, pathologists are not yet in accord respecting the condition of the intestines in typhus fever. Thus in direct contradiction of the statement of our author above quoted, we find the late Dr. Perry of Glasgow, in summing up the result of three hundred necroscopic examinations, affirming that dothion-enteritis or enlargement of the mucous follicles of the smaller intestines and enlargement and ulceration of the aggregated glands of the lower third of the ileum, occur in combination with contagious typhus and are to be met with in about *one in six* who die from *typhus*. Dr. Stokes, too, alleges that he has occasionally found follicular ulcerations of the intestine in cases of the "best marked maculated typhus." On the other hand, Dr. Anderson, in his little monograph on fever, just published, speaks thus positively; "In pure typhus *I know* (the italics are his) that ulceration of the bowels does not occur."* A similar diversity of statement exists touching the cutaneous eruptions of typhus and enteric fever. Our author describes very fully the "maculæ or petechiæ" of typhus and the lenticular rose spots of enteric fever; and with Jenner, Anderson, and others, appears to regard them as severally distinctive of those fevers; but Dr. H. Kennedy, of Dublin, one of the first British writers to describe the peculiarities of typhoid fever, has quite lately maintained that petechiæ may exist in typhoid fever, and bright lenticular spots without this fever; and still later, Dr. Joseph Bell, of Glasgow, asserts that he has seen "a patient labouring under a well-marked attack of typhoid, after a severe epistaxis, have the rose-coloured elevated spots converted into dark-coloured non-elevated maculæ, at the same time a large additional number making their appearance, so that in the course of a few hours a case of undoubted typhoid eruption became converted into an unmistakeable one of typhus." We should like to be assured that both observers were aware that the maculæ of typhus in their first stage resemble very closely indeed the lenticular spots of typhoid fever, but that in the third stage according to Dr. Jenner, they become dark purple in their centre and flat, and may be changed into true petechiæ. It may be after all that Dr. Bell's cases were cases of typhus instead of typhoid!

Our author's account of the symptoms of typhus is full enough, more especially when dealing with the secondary lesions incidental to the disease: we would especially commend to the student his observations upon the phenomena presented by the brain and circulating organs; he will there find, amongst other things, what a student of Stokes has to say about the heart in fever. The same may be said of his symptomatology of typhoid, or as it has been last styled