

typhus, the enteric lesions of typhoid or the cutaneous eruptions of either, and which are now often styled "simple continued fever." While giving *Synocha* this "large and liberal interpretation," our author contends for the occasional occurrence in the present day of the true *Synocha* of Cullen in opposition to those who doubt its existence altogether. He admits, however, that *Synochal* types of fever appear to have certainly become less frequent in Great Britain of late years than formerly if we accept the accounts given us by former writers; and in this connexion he propounds the notion, "that the sthenic or synochal types of fever are in the present day, and perhaps always have been, most remarkably developed amongst the graminivorous and herbivorous races of men, while the putrid or typhus types of febrile action more readily develop themselves in the races amongst which animal food constitutes a large part of their ordinary aliment." (p. 87.) He also entertains an idea we have met with elsewhere, that the *characters* of fever are influenced by the general constitution of races, i. e. that different types of fever prevail in different races.

A short account is given of relapsing fever which the author admits to be of frequent occurrence in Ireland, but the name of Jenner is not even mentioned in connexion with it, although the lectures were originally addressed to students, and that pathologist was one of the first to demonstrate the distinctions existing between relapsing and other forms of fever. During convalescence from relapsing fever Drs. Heslop and Lyons have noticed a "soft systolic murmur propagated up the aorta, heard loudest in the recumbent position, in most instances becoming all but imperceptible when the patient assumed the erect posture, finally disappearing as convalescence progressed, and manifestly not of organic nature." (p. 91). An interesting circumstance which will no doubt be adduced as antagonistic to the non-identity view of the specific nature of relapsing, typhus, and typhoid fevers, was noted by the author in the Crimea. A patient would present the well-marked symptoms of relapsing fever, with its decided temporary convalescence, but the type of fever would change in the relapse, so that it would assume the characters of typhus or typhoid fever? Dr. Bnenett mentions a somewhat similar case.\* It may be that in such cases two distinct poisons, the poison of relapsing and the poison of typhus or typhoid fever co-existed as has been suggested by Dr. Murchison.

Our author does not venture upon any elaborate discussion of the very interesting and after all still moot question, the identity or non-identity of typhus and typhoid fevers, but the tendency of his observations and descriptions is very much towards the side of non-identity. He thinks it "not improbable" that typhus and typhoid fevers recognise a different exciting cause; he affirms that their natural history differs "in many essential respects; and he recognizes a practical clinical difference in the course, duration, symptoms, and secondary lesions of the two morbid processes." On the subject of the lesions of the alimentary canal in typhus, some valuable information, the results of his own investigation, is given, which we would like to transcribe, but cannot for want of space. Suffice it to say that he admits with Stokes the greater preponderance of lesions of the intestines in some epidemics of pure typhus than in others. These lesions are

---

\* Clinical Lectures, 3rd Edition, p. 907.