

The various fevers are treated of at considerable length, and the differential features of each, thoroughly explained. Regarding a mistake which not unfrequently happens,—that of a typhoid condition being mistaken for a true case of typhoid fever—Dr. Da Costa thus writes:—

“No blunder is more common than to misconstrue into typhoid fever a typhoid condition of the system. We may find this condition in many different complaints, both acute and chronic; but more especially are purulent infection, some forms of pneumonia, dysentery, and erysipelas attended with delirium, drowsiness, dry brown tongue, and extreme prostration,—in one word, therefore with a typhoid state.

“Yet a typhoid state is not typhoid fever; it is simply a low condition of the system that may be present in very many dissimilar maladies, and which is present in its most perfect form in typhoid fever. But in this malign complaint we have other signs than those of vital depression; we find joined to it diarrhoea, tympanites, epistaxis, an eruption, and special manifestations of disturbance of the nervous system,—all symptoms bearing no direct relation to the adynamia, and thus serving as valuable distinctive marks. An examination, too, of the urine is often of signal service. There are, indeed, cases of Bright’s disease, and of abscess of the kidney, in which the poisoning of the blood that happens, occasions a very deceptive likeness to typhoid fever—so deceptive, that only a minute examination of the urine can fully explain the true meaning of the symptoms. The following case well illustrates this:—A man, about forty-five years of age, was admitted into the Philadelphia hospital in January 1863. He was very prostrate, and hardly able to give an account of himself. It was, however, ascertained that he was not a person of intemperate habits, and that he had been attending to his work until within two weeks. He was evidently stupid, and, when questioned about himself, seemed to have great difficulty in remembering and in collecting his thoughts. He had fever; a pulse above 100; a dry brown tongue. The heart-sounds were feeble, the heart increased in size. The urine was at times turbid, and contained a slight whitish sediment, which was not, however, examined with the microscope. His mind wandered at night; the abdomen was distended, and in parts slightly tender; several doubtful red spots were detected on its surface. In fact, he appeared to have almost every one of the more constant symptoms of typhoid fever, excepting the diarrhoea. A few days after his admission he became comatose, and sank. The intestinal glands were found in a healthy condition; but both kidneys were thoroughly disorganised and filled with pus.”

We could give many extracts from this work, which would be inter-