

possible all cases of Tuberculosis should be placed therein. We would then be in sight of the end of this great scourge.

Isolation wards should, at all events, be set apart in our hospitals and all advanced cases should as far as possible be treated there. It is only in such places that the proper prophylaxis can be carried out.

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### SOME CLINICAL NOTES OF SURGICAL CASES.

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#### DISEASE OF CARTILAGES FOLLOWING TYPHOID FEVER.

ATTENTION has lately been directed to the surgical complications and sequelae of typhoid through the works of Keen, Park, Parsons, and others, and, according to these authorities, one striking feature of the bone lesions is the length of time that often elapses after typhoid, before they manifest themselves.

The bacillus of Eberth has a special affinity for the marrow of bones, and, just as it has wonderful longevity outside the body, so it may remain latent in the tissues for an indefinite time, as seen in a case reported by Van Durgern, where the typhoid bacillus was found in the gall bladder 14½ years after an attack, and in the case of Sultan, who noted the bacilli in a sinus leading down to the clavicle 6 years after typhoid. Granted the presence of the bacilli in the bones, an injury received months or even years after an attack may start into activity the dormant organism; (hence the importance of warning patients against too early resumption of occupation after typhoid fever).

Witzel claims that the cases reported are more numerous now than formerly, and ascribes the increase to injuries received during the bath treatment.

As to the pathology, some of the cases may be due to a mixed infection, (typhoid bacilli and pyogenic cocci); but, the majority depend on the action of the Eberth bacillus alone. In 51 cases examined bacteriologically, 13 contained pyogenic organisms, and 38 pure typhoid. Bone sequelae occur twice as often in the male as in the female, probably from the greater risk of traumatism in the former than in the latter; and the bones