

which for several summers infested and almost depopulated a town situated in an elevated and salubrious part of Etruria. This fever arose from the emanations from ponds of stagnant waters, in which hemp and flax were macerated: On this process being afterwards prohibited there was no recurrence of fever. Dr. Bancroft states he was informed at Naples that in several places near the city, and particularly in some beyond the Grotto of Posiippo, sleeping in houses contiguous to ditches in which hemp or flax were macerating had been almost constantly followed by fever. Similar effects have been observed from the fermentation which the indigo plant undergoes in the process of extracting the colouring matter. It appears that after the extraction of the dye, large heaps of the plant are formed near the manufactories and houses of the workmen for the purpose of undergoing decomposition so as to form manure. After being frequently moistened by the heavy rains, and heated by the rays of a scorching sun, copious exhalations take place from the beds of putrifying vegetable matter in consequence of which the workmen, and persons who live near were constantly attacked with dangerous fevers. This circumstance having of late years attracted the notice of the planters, the plant after the extraction of the dye, is not permitted to be formed in heaps near the works, or dwellings of the labourers. Fevers consequently are now comparatively rare among the workmen. Therefore in the two first cases I think the chief cause was the miasmata arising from the decayed grass, which, as the water dried up, began to putrify, permeating all the dwellings in the neighbourhood, and although all were not affected alike, yet I had several cases in the same neighbourhood which shewed all the premonitory symptoms of the fever. In the first case there was also a want of cleanliness and ventilation which would tend to accelerate the disease. In the second case five of a family lived and slept in one apartment about 20 by 16 and although it was kept as clean as possible, under the circumstances, yet the ventilation was necessarily very imperfect. With regard to the third case; the patient was previously in a weak state of health for some time, and there was a certain amount of dampness and want of proper ventilation in the apartment in which she was constantly employed during the day, and also on account of the bowels not acting properly for a length of time, the system was more liable to be attacked

with the fever which ensued. The treatment I pursued in all these cases was chiefly expectant and consisted in keeping up the strength by proper nourishment, watching the complications which usually accompany or follow such diseases. I generally gave bismuth when the stomach was irritable. Bromide of potass or sulphite of magnesia alternately with salicylic acid in a solution of liq. ammonia acetatis, and when diarrhoea supervened, I gave pulv. opii and plumbi acetatis. When the fever began to abate I stopped the bromide of potass, or sulphite of magnesia and gave nitromuriatic acid and quin. with nutritious diet and a little wine or brandy according to the taste of the patient. There is no doubt that the state of the bowels requires to be carefully watched in these cases, and as those I have recorded were all troubled with constipation at the first, and during a great part of the disease, I began the treatment by administering a purgative consisting of jalap and rhubarb with a little hydrg. sab. mur. or hydrarg. c. creta. Afterwards during the course of the fever I generally gave castor oil with a few drops of laudanum, which I found to act very satisfactorily. There is considerable difference of opinion, among medical men, with regard to the use of purgatives in typhoid fever, some advocating the free use of purgatives, and others the administering of astringents. Most of you, no doubt, have read the interesting paper "On the management of the Bowels in Enteric Fever" by Dr. Grisham of Dublin, which has been copied into several of our Canadian medical journals, and I cannot refrain from quoting the closing paragraph, in which he says "I believe the main point to be attended to in the management of the bowels in enteric fever is to keep them free, but not too free, and to avoid as much as possible purgatives or astringents.

There is one point which has created a good deal of discussion, and which I shall refer to very briefly, that is the question of contagion. Dr. Budd holds that it is strictly contagious, and gives this as one of the proofs of its being a specific fever. Dr. Murchison believes that it is not contagious in the strict sense of the term, and that it is never propagated by a third person. Some again adduce the appearance of an eruption as an evidence of its contagion, but we all know that petechiæ do not appear in every case. In the cases mentioned here there was only one in which the spots were distinct, and although an eruption showed itself in the third case