

half of the cases of stone. Vomiting was found to be a very constant accompaniment of severe colic, but was present in a greater percentage of cases where no stone was found. Fever is rarely a symptom of uncomplicated stone, mild and moderately severe cases of calculous pyelitis often running a normal temperature, while the ureter remains patent, but will show an immediate rise if the niter becomes occluded. Cystoscopy helped to a correct diagnosis in 66 $\frac{2}{3}$ per cent., and was misleading in 33 $\frac{1}{3}$. Ureteral catheterization proved valuable in definitely determining the side of the lesion, and in establishing the competence of the opposite kidney. With reference to the X-rays, we should reject all plates which do not show the outline of the psoas muscle and transverse process of the lumbar vertebrae, and look with suspicion on all shadows which do not have well defined edges.

MEDICINE.

UNDER THE CHARGE OF JAMES STEWART, F. G. FINLEY, H. A. LAFLEUR AND
W. F. HAMILTON.

TYPHOID FEVER.

The subjects of interest which cluster about typhoid fever are at once both numerous and varied. The Widal test clears up certain doubtful and atypical cases. At the same time there is a group of cases in which, the decision has been made long before the agglutination test shows any sign of positiveness, not to speak of another group in which the reaction never comes throughout the whole course of the disease.

Rolly.—(*Münchener Med. Wochen.*, June 14th, 1904), pleads for an examination of the blood taken from one of the veins of the arm. He claims that even in the beginning of the illness, when agglutination and roseola are yet absent bacteriological examination of the blood is an invaluable aid to diagnosis, and leads usually to an early and definite result. Rolly describes a method of preserving the bacilli alive for 24 hours in a grape sugar medium with peptone, until it is placed in the hands of a bacteriologist. He describes also the methods of applying the Widal test with typhoid bacilli killed with toluol.

During the past two years, throughout Canada and the United States, ample opportunity for observing typhoid epidemics has been afforded those who practice medicine and especially students of sanitary science.

Dr. Stokes contributes a paper (Some typhoid epidemics studied by laboratory methods, *Journal of the Amer. Med. Assoc.*, February 25, 1905), describing several epidemics of typhoid fever—the sources of which were located by means of bacteriologic examinations.