

possible to have a mixed infection, as in the above-named case, and then the prognosis is more serious. Hence the importance of a bacteriological examination.—*British Medical Journal*.

**Typhoid Fever and Oysters and Other Molluscs.**—The striking array of facts contributed to the *British Medical Journal* of January 12th by Sir William Broadbent, coupled with the further evidence adduced in the editorial article in the same issue, as to the possible or probable connection, in some cases, of typhoid with the consumption of oysters, will necessarily at once challenge the attention of the whole medical profession. And no doubt in every fresh case of this fever occurring just now careful inquiry will be made as to the possibility of these molluscs having been the medium of conveying the infective bacillus into the stomach and intestines of the patient. My object in writing is to point out that the oyster is not the only shellfish to which such suspicion may attach. Some few years ago a considerable epidemic of typhoid disease occurred at Norwich, the poorer classes being those principally affected. As it was prolonged, and no definite cause could be ascertained for its continued prevalence, I took some trouble in the matter, and made many inquiries as to probable causes and sources of the disease. After a time one of the medical officers of the Local Government Board came down and inspected the city sanitary arrangements; and at an interview with him I mentioned a suggestion which had been made to me by a leading surgeon residing in one of our coast towns as to the possibility of *mussels* being a medium of contagion. We could not demonstrate this, and indeed it was then a mere hypothesis, but the suggestion was noted in the subsequent medical report to the Board, and as the epidemic shortly after this died out, the matter dropped. It is well known that mussels are collected in large quantities on our shores, and are stored in the beds of our estuaries until required for sale. I have myself seen them lying stored in the bed of one such tidal estuary, into which the sewage of the adjacent town was (and I believe is) constantly discharged, although, of course, at a little distance from this "living fish warehouse." If, then, oysters be proved to be capable of ingesting

typhoid germs, and of passing them on undigested to human consumers, it seems in the highest degree probable that mussels also may be capable of being such carriers of contagion; and it is well known that these molluscs are constantly on sale on public stalls in our large towns, and are largely consumed by the poorer classes. With the evidence now before us, and considering the seriousness of the matter, I cannot but think that attention should be directed to the mode of storing these, and that medical officers of health should forthwith insist upon their not being allowed to be placed in waters contaminated by town sewage. Doubtless the accepted view has been that current water, and especially sea water, was an immediate and complete destroyer of these living germs, whilst we should certainly have expected that the digestive processes of the mollusc would have destroyed their vitality. But the facts now being adduced appear to render this view doubtful and dangerous. Of course, the typhoid bacillus is specific, and if no local typhoid disease existed, ordinary sewage matters could not propagate this disease; but it would become recurrently dangerous, as cases of this disease from time to time appeared or reappeared in the town draining into the water. I may mention that quite recently I saw, in consultation, in one of our country towns, a case of typhoid, where the patient had visited London some ten or twelve days before his seizure, and had there eaten oysters.—By SIR PETER EADL, M.D., F.R.C.P., in *British Medical Journal*.

**Infective Bronchitis.**—Duflocq (*Arch. Gén. de Méd.*) relates the following cases. (1) A patient, aged 71, after a chill presented signs of disseminated bronchitis. Later the general condition became much worse, a fatal issue being feared. The urine contained a small quantity of sugar. On the eighth day abundant pneumococci were found in the sputum. The patient eventually improved slowly, and after a long convalescence recovered. The author says that this form of bronchitis always presents the same insidious onset, the same gravity, and the same slowness of convalescence. He has also found it present along with tuberculosis. (2) A patient took cold fourteen days after a fracture of the humerus. He developed a cough, with abundant expectora-