

twenty-one patients out of twenty-seven lodged in houses the doors and windows of which looked out upon a watercourse, which was pretty clear, but along which, for some years past, each house had established a sort of washing establishment, which became the receptacle of the kitchen refuse, and sometimes of filth.

Dr. Flamarion with Pettenkofer, makes the level of the underground water play an important part in the production of typhoid fever. The lowering of this level after a long drought, must, he thinks, contribute to provoke a putrid fermentation in the bed of such underground streams. For some years past the inhabitants of Louvières, it seems, had given up getting their supplies of water from springs which arose above the ravine, and had drawn them from a new spring in the middle of a little hill. Now, it was impossible not to be struck with a regular succession, after the dryness, of the appearance of new cases of typhoid fever in July and September, 1873, in this village.

At Donnemarie there was no watercourse, except a little river, which ran at the foot of a hill, at the top of which the village was situated. When rain falls, the streets are furrowed in all directions by currents of water which may sometimes change into little torrents. These unite in a double stream, which merges into one in the middle of the hill, where the public fountain is situated. These streams, thus contaminated, become infiltrated by the waters which wash the dunghills and carry with them the straw, so that, when it rains, there issues from the pipe of the public fountain a dirty, muddy water which the cattle sometimes refuse to drink. A remarkable fact is that the epidemic in this village commenced at the beginning of December, after abundant rains, and that the recrudescence of the disease has always coincided with an elevation of the layer of water in the pluviometer. The chemical analysis of the fountain water, in December, showed a great quantity of organic matter in it.

With regard to the treatment of typhoid fever, the author mentions some of the so called special treatments of the disease; and he more particularly insists on the treatment of Brand, which he could not try in the country on account of the prejudice of the country people.

He does not see that this method, which at first promised so much success, now gives results more favourable than those obtained by Valleix, Bouillaud, Andral, and Louis. The best statistics vary from 6.6 to 9.7 per cent.

Dr. Flamarion, for his part, said that he had employed a treatment apparently very complicated, but which was based on the general principle of watching indications, which he divided into general indications, directed to the whole of the symptoms and to the form of the disease, and special, which were directed to each separate symptom. Thanks to this treatment, the author had lost only 1.33 per cent. of his patients, for he eliminated the case of death due to imprudence at a time during convalescence, when cure might be considered as certain.

Dr. Flamarion then passes in review the different methods of treatment which have been suggested to him by the general indications, in the forms of ambulatory, mucous, and etaxodynamic fever. He then refers to the methods of treatment suggested by the special symptoms of each case, such as headache, delirium, pain in the spine, fever and heat, fuliginosities, diarrhœa, vomiting, constipation, meteorism, piles, bronchitis, hypostatic congestion, pneumonia, and gangrene.

It will be seen by this *résumé* of Dr. Flamarion's paper, that in France, as in this country, it is now beginning to be almost universally admitted that the prominent cause of typhoid fever is the impurity of drinking-water. Instances have of late years been so multiplied of the evil effects of the communication of sewage with drinking-water that there are probably but few physicians who now refuse to admit that this is the chief cause of the occurrence of epidemics of typhoid fever. Dr. Flamarion says but little about the contagious nature of the disease.

With respect to the treatment of Brand by cold water affusions, one very great difficulty in carrying this out has been mentioned; and that consists in the great prejudices against such a treatment, which exist even in London and in the best conducted hospitals in this country. It is doubtful, on this account, whether the cold-bath treatment of typhoid fever has ever been fairly tried in this country as yet. Whether Dr. Flamarion's wonderfully excellent statistics could be verified in London is a matter of grave doubt, and we suspect that, under all treatments, the mortality from typhoid fever will occasionally prove very high in such large cities. But there seems to be some prospect of almost entirely getting rid of typhoid fever from our better-drained towns. Meanwhile, the last word has by no means been spoken about typhoid fever and its etiology and treatment.—*Medical Press and Circular*, April 14, 1876, p. 322.

CLINICAL LECTURES. ON PLEURITIC EFFUSION

Delivered at the Liverpool Royal Infirmary by A. T. M. WATERS, M. D., Physician to the Infirmary.

GENTLEMEN: I wish to call your attention to-day to some cases of pleuritic effusion which have been in my wards, and to make them the subject of some remarks on the affection. I shall confine myself for the most part to those points which I consider of the greatest practical importance, and first I will refer to the subject of diagnosis.

It may perhaps appear to you to be very easy to diagnose the existence of fluid in the pleural cavity—to differentiate between liquid and solid matter within the cavity of the chest; and yet it is in some cases by no means so. I have known physicians of great practical experience mistake a solid lung for pleuritic effusion, and pleuritic effusion for a solid lung, and