

will then be able to draw profit from his lectures and from the operations themselves.

The application of the cinematograph may be considered one of the greatest improvements in the teaching of operative surgery, since it will make known throughout the world the best methods and the surest means of saving part of humanity from suffering and from death.

Intubation in Private Practice.—Dr. Castelain, of Lille, says in *La Presse Medicale*, that some physicians are afraid to perform intubation, unless an assistant can be left to take care of the patient. He claims to have done the operation many times in hospital and in private practice, and to have never had obstruction or the sudden expulsion of a tube. He favors intubation without a permanent watch being kept over the patient, because the danger from intubation is always less than that from tracheotomy. He always leaves a thread attached to the tube.

Typhoid Fever and Diphtheria in Chicago.—In the *Chicago Monthly Bulletin* for June, we notice that the influence of an excessive precipitation in Chicago is shown by comparing the deaths from typhoid fever during two periods: 296 in the wet season of 1898 and 163 in the dry season of 1899, an excess of 81.6 per cent. in the former over the latter period. The periods chosen were the first six months of 1898 and the first six months of 1899. A rainfall of more than three-fourths of an inch in twenty-four hours is sufficient to flush out the sewers discharging into Lake Michigan, and frequently to turn the current of the foul river lake-ward. This is followed by a rise of the sanitary-quality-of-the-water line into "pathogenic" spaces, more or less promptly according to the direction and velocity of the wind. This rise is followed, usually within a week, by a rise in the line of deaths from the acute intestinal diseases, and within three weeks by a rise in the typhoid fever death-line, which latter culminates in from five to seven weeks, unless fresh pollution occurs. Referring to diphtheria, Newsholme's conclusions are said to be corroborated, to wit, that an epidemic of this disease never originates or continues in a wet year (*i.e.*, a year in which the total annual rainfall is materially above the average amount), unless this wet year follows two or more dry years immediately preceding it;—conversely, "that epidemics of diphtheria for which accurate data are available, have all originated in dry years, *i.e.*, in years in which the total annual rainfall is materially below the average amount." Newsholme attributes these results to the stage of the ground-water as affected by rainfall, low ground-water favoring and high ground-water retarding the epidemic spread of diphtheria, by favoring or retarding the "transition of the diphtheria bacillus from the saprophytic to the parasitic stage of life," and not, in any part, to an aerial convection of the contagion through a dry atmosphere.