intestinal and urinary excretions and gains access to another individual through the mouth and stomach. Entry through the air passages is quite exceptional."....

"The theory that typhoid may result from the inhalation of putrid gases must be abandoned....."

Dr. Canney encourages the hope that in a reasonable time the disease may become totally extinct from the community, neighbouring communities and finally from the civilized world on the grounds, (1) that the growth, development and spread of the bacillus are practically limited to the human body; (2) that the saprophytic existence of the bacillus in various media, etc., is so short and precarious that with ordinary attempts at sanitation the incidence of the disease is enormously reduced, etc.; (3) the fact that when once a community is free from the disease for a short time it will, even in the presence of gross sanitary defects remain free indefinitely, or until such time as the bacillus is imported into the community.

Inoculation against typhoid is touched upon, but that part of our subject may be left until Dr. Wright's papers are taken up. The writer urges the most careful nursing of all cases of typhoid fever for the public good as well as for the patient's safety and recovery. If overcrowding, the case should be isolated.

Urotropine should be given towards the close of the illness and should be considered as essential for some days. A temperature normal for a fortnight, and urine free from typhoid bacilli, are the conditions in convalescents otherwise not requiring treatment, on which patients should be allowed out.

Dr. Bolton presents a case report of Typhoid Fever with rigors, and reviews the literature upon this subject. The patient, a nurse of 24 years of age, fell ill with the typical signs of a severe attack of enteric fever. On the nineteenth day of the fever, concurrent with an attack of diarrhœa and an intestinal hæmorrhage—blood in clots—she had an alarming chill, "the first of a series of twenty-one." The last occurred on the 63rd day of the disease, during what appeared to be an intercurrent relapse. The convalescence was uninterrupted. The patient left the hospital on the 115th day of the disease. The range of the temperature was from 97 2-5° to 107 4-5°. The only other associated condition, apart from hæmorrhage and diarrhœa, was a slight swelling of the legs and delirium. In his review of the literature, Dr. Bolton includes the various explanations, which clinicians have offered for this very exceptional feature in typhoid fever. They include intestinal irritation, toxic absorption occurring suddenly when the thermogenetic centres are impressionable; the substitution of rigors for delirium as