

might be considered as dangerous to the community. Dr. Cantlie shows that the fermentation which all excreta undergoes in cemented cess-pools before being used as fertilizers, renders the sewage practically innocuous.

The causes in these different countries are those which are active in the spread of this disease the world over:—Water, milk, ice cream, oysters, salads and uncooked vegetables, flies, sandstorms, dust, and insanitary houses. The course taken by disease in those in India and Egypt and China differs in some particulars from that familiar to us. In India there is marked prostration and hebetude with delirium. This is common with other diseases. The temperature chart is rarely typical either in native or European. The eruption is exceptional among the Chinese. The symptoms are less pronounced than among Europeans.

In discussing enteric fever infection in camp life, Dr. Tooth points out that in army life, sand storms and flies enter largely into the question of spread,—that the conditions of life in tents, accommodating twelve men or even more, may favour direct infection, especially as one of the twelve, for several nights, may be the subject of undeclared typhoid fever, and that diarrhoea from any cause, so common in camp, increases the susceptibility to the enteric bacillus.

Dr. Newman in considering the subject of Channels of Typhoid Infection in London, starts out by assuming the comparative improbability of typhoid fever being water borne in that City, and while granting that it is not asserted that water-borne infection never occurs in London, he suggests that it is by no means the commonest channel.

“Amongst a wonderful variety of suggested means of infection two emerge and, year by year, occupy a more prominent place in the records. The first is infection by contact, with persons or belongings of previous cases, and the second is infection by the conveyance of the virus in food, particularly shell fish.” A satisfactory amount of evidence is advanced in support of both these views as they apply to the world’s metropolis. And the prevailing conditions there are not widely different to those elsewhere in respect of the spread of disease.

From Dr. Canney’s comprehensive paper on the *Ætiology and Prevention of Typhoid Fever*, a portion of his summary must suffice. “The human body is the natural habitat of the bacillus in its virulent form. . . . . The chances of its disappearance from the community are very great if its wide diffusion in its human host in epidemic form is prevented by protection of the liquid avenues. . . . . from contamination.”

“The growth of the typhoid bacillus takes place in the body of the typhoid patient practically exclusively. It is discharged with the