Dr. Spence, of Toronto, deprecated the felicity with which most "written operations" are conducted, and maintained that no instrument could be as satisfactory as digital examination.

The evening session was opened by a demonstration of the Roentgen Rays and a discussion of the value of the new discovery in surgical diagnosis.

Dr. H. C. Scadding exhibited Hewitt's apparatus for the combined administration of nitrous oxide gas and ether. He pointed out that this form of anæsthetic possessed special advantages. It was a very safe anæsthetic, it acted quickly and was an agreeable one to administer.

The second apparatus shewn was for the administration of nitrous oxide and oxygen. This was the best anæsthetic for dental work. There was no embarrassment of the respiration or of the circulation.

Dr. Cruickshank read a paper on "The Differential Diagnosis of Typhoid Fever." He said:—

"Not long ago a mortality of 17 per cent. was considered a good result, but Brand's revival of the cold water cure reduced this one-half, while Dr. Thistle, of Toronto, by an elaboration of another plan claims to have reduced the death-rate much more. A Dr. Woodbridge modified this same plan into a specific and claims to show that the mortality is less than one per cent. producing in evidence a list of cases. Reputable physicians, however, reply that the majority of such cases were not typhoid at all. But the sincerity of either side cannot be doubted, so the diagnosis of typhoid fever becomes a matter of a good deal of concern to some of us. The doctor then referred to the "peculiar opportunity" Windsor had of studying the disease lately, and detailed the recent pollution of the water supply by the manure from the cattle barns. The relative positions of the Walkerville sewer outlets and Windsor intake were described. Under ordinary circumstances it is almost impossible for the small outflow of sewage to get out 50 feet on such a river, but to get out 200 feet in a current of three or four miles an hour with the intake 40 feet down must no doubt be a rare occurrence. Eight days after the pollution of the water supply by the opening of the shore intake took place a remarkable outbreak of fever, and the diagnosis of this was his text. There was some difference of opinion as to the nature of this fever among the local physicians. He would say nothing of typhoid arising out of a great variety of other diseases where there is no dispute; the real difference of opinion begins with mild and abortive fevers. One says typhoid, another says only malarial, bilious or continued fever, or something else. It may be that the difference in death rate is not caused so much by difference in treatment as in difference of diagnosis. It would seem easy to-day with the microscope to decide as between typhoid and malaria. In Windsor for a number of years there has been no case of intermittent fever, and therefore no continued malarial fever. A malarial patient may, of course, contract typhoid, but this would not lessen the virulence of the typhoid. A mild fever could hardly be typho-malarial, and typho-malaria could not occur where there was no other evidence of malaria. The doctor's reasoning, of course, led up to the conclusion that the late outbreak was of necessity typhoid, of a mild character gen-