

2. The most trustworthy as well as the earliest sign of typhoid fever is the presence in the circulating blood of the bacillus of Eberth.

3. The demonstration of the bacillus of Eberth in the blood is not beyond any fairly well equipped laboratory.

4. The bacillus of Eberth is found in the faeces later than in the blood but with comparative ease. The presence of the bacillus typhosus in the faeces is of great value as a corroborative sign.

5. The presence of the bacillus typhosus in the rose spots is a trustworthy sign, but has no advantages over the examination of the blood from other localities.

6. The serum reaction of Widal is seldom demonstrable during the earliest stages of typhoid fever. It is of value only in the higher dilutions.

---

MAX EINHORN, M.D. "The Serum Treatment of Typhoid Fever." *Medical Record*, Jan. 16th, 1904.

An historical summary of the efforts to obtain a serum for the treatment of typhoid fever opens the article, and then Dr. Einhorn gives his own experience in the employment of the serum prepared by the Berne Board of Health, after the method of Jez. Ten cases were treated and full notes with charts are given. Dr. Einhorn arrives at the following conclusion:

"The serum treatment of typhoid fever temporarily reduces the fever and improves the general condition, so that patients go through a more rapid and safer convalescence; the injections do not seem to be connected with any dangers; with the many injections given we never had any serious trouble. I therefore believe that the serum treatment of typhoid fever is now already of decided value, and there is no doubt that we shall soon have more potent sera, with which we may obtain more favourable results."

---

DUPUY. "The Laryngeal Complications of Typhoid Fever." *The N. Y. M. and Phila. M. Journal*. December 26, '03.

Notwithstanding the careful and painstaking study bestowed upon typhoid fever, Dr. Dupuy finds an hiatus, so to speak, in the list and descriptions of the complications of this disease especially with reference to the larynx. The article under review is an attempt to fill up the omission by bringing together the references to laryngeal complications—discussing the etiology, frequency and pathology and reporting a case. The general conclusions with which the article closes are as follows:—

The 25 collated cases reported in the last 58 years, which for evident