

is apparently some immunity to typhoid fever in tropical and subtropical countries, clearly shows that the view that the adults are immune because most Egyptians suffered from the disease as children is erroneous. The evidence adduced upon this point is derived from seven hundred autopsies upon children under 5 years of age, from amongst the poorest of the Egyptians; from clinical evidence in several hospitals and from the serum test. There is found no support for this theory. Typhoid fever is seldom absent from the European hospitals in Egypt, while in the Egyptian Government hospitals it is rare indeed. Six cases in twelve years were recognized among 8,752 patients in the medical ward. In 1,935 autopsies not a case of enteric fever was met with. In the army, in contact with Europeans the young native recruit becomes liable to enteric. The view is expressed that Egyptian town dwellers suffer more from enteric fever than they did 15 or 20 years ago. In some respects the views concerning enteric fever in India are the same as those in Egypt. It was held, some years back, that enteric fever did not exist in India. It became increasingly prevalent, for obvious reasons, after Surgeon-General Sir Anthony Home "ordered that all cases of fever, in which at the necropsy ulceration of the intestines was found, were to be returned as enteric fever." The natives have typhoid, although previous to Ewart's writing in 1856 they were said to be free from it. Abundant proof of this statement has accumulated since that date.

The great and increasing prevalence of enteric fever in India is due:

(1) To the constant arrival in that country of men (for the army) at an age most predisposed to the disease.

(2) To the arrival of these men in a country whose soil must be everywhere impregnated with the poison of enteric fever.

(3) To the multiple means of access of the poison to the men especially predisposed to it by their age and recent arrival.

In China the adult native is seldom attacked by typhoid. It is as elsewhere common amongst Europeans, dwelling or travelling in China. Accurate information is unavailable. Dr. Cantlie sees in the method of preparing food a protection against the disease. The water might readily bear the disease, but Chinese seldom drink cold *water*. They drink tea and congee water, i.e. the water rice is boiled in. The Chinaman does not drink milk. The Chinese children, if unable to nurse, are given congee water. Vegetables are also cooked before being eaten. It has been observed that while Europeans in China are more frequently victims of typhoid fever, the mortality among the natives attacked is very great: Chinese 57.45%; Europeans 12.08%. The system of direct fertilization of the land by sewage-material