

a large number of patients with serous pleurisy react to tuberculin, even when there is absolutely no evidence of tuberculous disease in the viscera.

The recognition of the tuberculous origin of serous pleurisy has somewhat altered our opinions as regards the proper treatment to be adopted in such cases, particularly in the matter of the removal of the effusion by tapping. It has been shown that the exudate contains a small amount of tuberculin, and the absorption of this is believed to produce at least a temporary immunity against further extension of the tuberculous process in the tissues.

Certain it is, that serous pleurisy tends, more than any other tuberculous lesion, to run a more or less definite course and to end spontaneously in recovery. If this be so, it follows that tapping ought not to be performed early and often, but should be reserved for those cases in which an excessive amount of fluid threatens either, immediately, the proper functioning of the circulatory apparatus, or, ultimately, the integrity of the lung from too long continued pressure.

Another corollary is that the subjects of serous pleurisy, should in their convalescence have the same treatment as individuals suffering from incipient pulmonary tuberculosis, that is to say, hyper-alimentation and a more or less prolonged sojourn in suitable climatic surroundings. In any case it is well to keep such patients under close observation for the first indication of pulmonary involvement.

Turning now to typhoid fever, which next to tuberculosis is one of the most wide-spread of the infections, there is little that is new to be said concerning its etiology. That it is of microbic origin is now universally admitted, and that it is mainly a water-borne and easily preventible disease is no less true, as has been demonstrated on a large scale in several communities. For its appalling prevalence in most of the large centres of population in America, and in many of the smaller ones, we have to thank the apathy, not to say criminal negligence, of our municipal governing bodies in matters relating to the public health. They are too busy granting important franchises for nothing to powerful corporations and letting out public contracts to the highest bidders to have time to give such an unproductive matter as the health of the citizens they represent. Take the city of Montreal, for instance. How can the municipal council be expected to take serious and intelligent action in the prevention of typhoid fever, which is at all times endemic, and too frequently attains the proportions of epidemic distribution in that city, when sectional bickerings and the narrowest ward politics prevent us from having even an approach to adequate accommodation for actual cases of the more virulently contagious diseases?