

and gave a negative reaction. Four which ran a typhoid course were examined but once, generally early in the infection, with negative results. One case gave a positive reaction and at autopsy one week later while intestinal lesions were present, these were not those characteristic of typhoid but were situated in sigmoid flexure and consisted of a few small ulcers resembling those produced by pressure of scybala (the clinical history previous to fatal illness was not available in this case), the fatal result was due to broncho pneumonia and I was unable to find the typhoid bacillus though the viscera were carefully examined. One other case was positive to Widal, but as patient died 36 hours after, with meningeal symptoms, the truthfulness of the reaction was called in question by several well known consultants. However, I have no doubt personally that the reaction was correct and that the meningeal symptoms were those of typhoid, or a secondary infection in course of typhoid. The remaining 16 were all negative. Two of these patients died with meningeal symptoms, in both ascribed to typhoid infection. In one the reaction was looked for on three occasions, the other was examined but once, just before death, which occurred early in illness. The history of the last fourteen is unknown to me. They were only examined once and were generally specimens sent to me from outside where I could not follow the cases.

I cannot close without making a reference to the so called "typho-malarial" or "low" fever which was so prevalent last winter accompanying the epidemic of typhoid here. Most of the cases that I have had an opportunity of examining their clinical history had a febrile period of 8 to 14 days followed by convalescence. None of these cases examined by me gave the Widal, though probably some were cases of abortive typhoid. Others, the majority in fact were without doubt cases of the so called "paracolon" or "typho-coloid" fever, an infection due to a group of bacilli, intermediate in character between the typhoid and true colon forms, and which spread in exactly the same manner as the typhoid bacillus, viz.:—through sewage (or excreta) infection of water and food supplies. I hope to have more to say on this condition at a later date.

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