

describes a method of drying blood so that it will keep indefinitely for examination.

Without the microscope, to distinguish between typhoid and malaria is difficult in malarial districts; but if the commonest kinds of malaria are absent, surely one would not expect to find the rare typhomalarial fever. During six years I have not seen a case of intermittent fever in Windsor, except those that have come from elsewhere. I have examined the blood of typhoid patients suffering from chills, and have not found the malarial parasite, while I had no trouble in making them out in intermittent cases from Dover flats. No doubt a person suffering from malaria might contract typhoid, but the resultant could hardly be that tame affair commonly called typhomalaria. Dr. Osler says: "Among 333 cases of malaria and 389 cases of typhoid fever treated at Johns Hopkins Hospital in no instances have the diseases been concurrent."

It is when we try to distinguish between mild typhoid and simple continued or gastro-intestinal fever that our troubles begin. For some time prior to February 9 there was no fever in Windsor, nor has there been any since April. About one week after the drinking of the manure water fevers commenced, and by the end of the month there were about two hundred cases of all kinds of virulence, some lasting a few days and some several months. On February 15 Mrs. H. was taken ill with a fever which developed almost every symptom of typhoid that could possibly occur, and passed into a tedious convalescence in four weeks. On February 25 her daughter, aged 12, was found with a temperature of 103° , with typhoid symptoms. The fever subsided in five days, after which the patient remained in bed a week and continued well. On February 28 George H., aged four years, was first examined, and his temperature was found to be 102° . In three days it reached normal, and three days later his importunities gained him his freedom. In five days his fever returned and lasted four weeks. Case No. 1 was as certainly typhoid as any ever described; nothing was wanting to complete the diagnosis but a post-mortem. Case No. 2 was probably due to the same cause, but seen first during the second week; while Case No. 3. aborted in three days, and for lack of care reappeared and continued for four weeks, with symptoms satisfactory to the most skeptical. From February 15 till March 31, in my own practice there were thirty-four cases, of which nine were abortive. "Jurgensen mentions an outbreak near Kiel where fourteen out of twenty cases were abortive."

I am not claiming that treatment can abort typhoid, or that it cannot, but that the fever does abort of itself, perhaps much oftener than we imagine. It is strange that some careful physicians deny that typhoid ever aborts, while they readily admit that pneumonia and smallpox often terminate in a few days.