

ity is only a fraction of one per cent. With reference to these claims, physicians in whom we have the greatest confidence reply that the majority of these cases were not typhoid at all. The sincerity of both sides cannot be doubted; so that the question of diagnosis becomes a matter of some concern.

Windsor offered a peculiar opportunity for studying this disease lately. Walkerville sewer opens about half a mile above the Windsor waterworks, the intake pipe of which extends 400 feet and 40 feet deep in a current of three miles an hour. On February 9 the manure tank of the cattle barns in connection with the distillery at Walkerville overflowed; at the very same time needle ice blocked the strainer of the intake, so that a valve at the shore was opened till the outer opening could be cleaned. This unusual combination of circumstances brought it about that manure slightly diluted was pumped into our kitchens for breakfast. On February 15 commenced an outbreak of fevers, the diagnosis of which is the text for my paper to-day. Some of my medical colleagues considered them all typhoid, others that only the severe cases were worthy of the name, while one or two maintained that none of them were typhoid. I do not intend taking up time by referring to typhoid-like fevers caused by peritonitis, pleuritis, pneumonitis, ostitis, corditis, tuberculosis, or pyæmia, although I might tell of mistakes of my own with tubercular peritonitis and osteomyelitis during this very epidemic. But while a discussion of these fevers might be as interesting as the diagnosis is difficult, still these are not matters of dispute, and will be passed over. The real difference of opinion commences with the consideration of mild and abortive fevers. One physician says "typhoid;" another says, "Nothing of the kind, only malaria, or bilious fever, or, perhaps, gastrointestinal toxæmia."

The matter of malaria is easily disposed of. The occurrence of the parasite in the red-blood corpuscle is sufficient and pathognomonic. There are several specimens under microscopes in the lobby for your inspection. The plasmodium in these specimens can be readily made out in several stages of development; in some a small spot like a vacuole in a red-blood corpuscle, in others almost filling it. For purposes of diagnosis a drop of an alcoholic solution of methylene blue is allowed to run over a clean slide, which is set aside to dry. The lobe of the ear, chosen because insensitive, is well washed with soap and water, then with alcohol, and is pricked with a clean needle with cutting edges. Wipe off the first drop and touch a well-cleaned cover glass upon a drop no larger than a pin head. This is quickly laid upon the slide and the edges sealed with vaseline or melted paraffin. Such a preparation will last several hours, and can be examined at one's leisure. Thin, in the Medical Annual of 1896,