

doubted, so the diagnosis of typhoid fever becomes a matter of a good deal of concern to some of us. The doctor then referred to the "peculiar opportunity" Windsor had of studying the disease lately, and detailed the recent pollution of the water supply by the manure from the cattle barns. The relative positions of the Walkerville sewer outlets and the Windsor water intake were described. Under ordinary circumstances it is almost impossible for the small outflow of sewage to get out fifty feet on such a river, but to get out two hundred feet in a current of three or four miles an hour, with the intake forty feet down, must no doubt be a rare occurrence. Eight days after the pollution of the water supply by the opening of the shore intake, took place a remarkable outbreak of fever, and the diagnosis of this was his text. There was some difference of opinion as to the nature of this fever among the local physicians. He would say nothing of typhoid arising out of a great variety of other diseases, where there is no dispute; the real difference of opinion begins with mild and abortive fevers. One says typhoid; another says only malarial, bilious or continued fever, or something else. It may be that the difference in death rate is not caused so much by difference in treatment as in difference of diagnosis. It would seem easy to-day, with the microscope, to decide as between typhoid and malaria. In Windsor for a number of years there has been no case of intermittent fever, and therefore no continued malarial fever. A malarial patient may, of course, contract typhoid, but this would not lessen the virulence of the typhoid. A mild fever could hardly be typho-malarial, and typho-malaria could not occur where there was no other evidence of malaria. The doctor's reasoning, of course, led up to the conclusion that the late outbreak was of necessity typhoid, of a mild character generally, but still the true typhoid. Troubles began, he said, when it was attempted to distinguish a mild case of typhoid from one of simple gastric fever. During the outbreak there were over 150 cases, some lasting one day and some two months. Of these, he had thirty-four in his own practice. The doctor then went into a minute description of several cases from attack to convalescence. Some held that typhoid never aborts, but while he did not claim that typhoid can be aborted or that he could do so, typhoid certainly does abort. The doctor went on to show that in the recognition of typhoid no one symptom was essential nor can any two or three be mentioned which may not be irregular or absent in undoubted cases of typhoid; and on the other hand, there is not one of the usual symptoms which may not be present in other diseases. Cases were quoted in support of this position. Osler says the death rate is  $7\frac{1}{2}$  per cent., and the essayist seemed disposed to