

localized cause; every one knows that the malaria of Typhus Fever may be induced within the surroundings of individual habitations. So I think a fever of the type I am discussing may likewise be produced by circumstances very frequently overlooked. A family in my district was seized with Remittent Fever, one or two of them taking on the Typhoid form, their habitation was removed from any supposed cause for malaria, they lived high and dry, had lived in the same locality for a number of years, enjoying the best of health. A search was instituted for the cause, and I was fortunate enough to find a solution within the house. For an indefinite period sundry vegetable offal and dirty water had found their way through a disjointed floor. Whenever I entered the room, an offensive effluvia met me, and I am conscious that that muddy emporium was the active agent in this attack. Another family was equally removed from any appreciable cause, but was similarly attacked; as usual the cause was sought for; the family cleanly, and the surroundings equally so, it was more than usually wrapped in mystery. But in approaching the residence, I found my olfactories came in contact with some offensive smell; I called the attention of the father to it, who likewise discovered it, and who said it might be an animal the dogs had buried, but search satisfied our curiosity. In a rotten stump of a tree was found a peculiar kind of fungus, soft, gelatinous and tongue-shaped, and throwing out such an offensive odour as fairly to eclipse any reasonable object for comparison. Others were likewise found. Here was a solution of the mystery. The air tainted with such offensive material, the system being no doubt favorable to its inception, generated the fever in question.

Fifthly, The type of the fever is usually mild, a sporadic case occasionally takes on typhoid symptoms, but among perhaps two hundred cases, I have found them easily managed, and I think with moderate care, no patient need die of a Bilious Remittent in the county of Grey, excluding, of course, all other serious complications. I have never found it necessary for any heroic measures, such as bleeding, leeching, or emetics.

My usual mode of treatment, and in my hands quite successful, is to purge the bowels with pills comprised of the following: Podophyllin, Leptandrin, and Ext. Taraxieum. Two every six hours until the bowels are freely evacuated, ordering a pill to be taken every second or third night afterwards.