

up a large tent which was divided into two parts. One of these gave accommodation for six males and the other for six females. This was carried on for several years. It did good in so far as it roused public attention to the need for accommodation for such cases.

In Montreal, about two years ago, a patient died on the door steps of a hospital while the officers were considering whether he could be admitted or not. The patient had tried other hospitals and had been refused. This did good, however, and now in Montreal there is accommodation for tubercular cases.

Here in Toronto, of recent date, there was a little patient with measles driven about the city, but could not find admission anywhere. The Lady Superintendent of the Western Hospital had a tent put up and had the patient cared for in it.

Some steps should be taken to secure a reasonable amount of accommodation for such cases. If it was done by the city the cost would not be great. It might be possible to arrange with one of the general hospitals now in existence to furnish well isolated accommodation for measles. However the matter may be done, it should be done; and we urge this matter upon the attention of both the Council and the hospital boards.

WASSERMAN'S REACTION IN CONGENITAL SYPHILIS.

Thomsen and Boas have examined many cases of congenital syphilis in reference to the presence of Wassermann reaction, and have come to the following conclusions: The anatomical examination of the placenta and the umbilical cord, with the examination of the blood according to Wassermann's technique, are sufficient to show whether an infant is or is not suffering from congenital syphilis. A positive reaction with the blood of the mother before labor has occurred makes it probable that the child, too, will be infected. In the organism of an infant, suffering from latent syphilis, there takes place an increase in the materials responsible for the appearance of the Wassermann reaction, which increase continues for the first few weeks of life. The reaction, therefore, if negative at birth, must be sought for later. The reaction seems to be constant in little children having clinical symptoms of syphilis; the same is true of children who are suffering from symptoms of late hereditary infection. It is possible, though not probable, that occasionally the substances that produce Wassermann's reaction may find their way from the mother into the organism of the infant, though the latter is not infected. In such a case the appearance of the reaction in the infant may mislead the physician.—*Medical World*.