

The curse of the country is less in the spirituous liquors themselves than it is in the saloons which on every hand tempt the young, and old too, to indulge, and with boon companions, to indulge again and again, and on to destruction. While we believe there is much good in alcohol, no part of the good that we can see comes from the saloons, or other places of public resort for drinking and treating.

TWO VERY IMPORTANT yet simple, sanitary measures there are, which if regularly carried out everywhere—in villages, towns and parts of cities with no sewerage system, would add greatly to the purity of the air and water: indeed, would remove the chief causes of the impurities. These are, first, the burning of the kitchen solid refuse in the kitchen stove, and, second, the mixing of all closet excreta, especially the solid parts, daily with the coal ashes, which, of course, had better be removed by scavengers at least once or twice a week. This would leave only the slop-water to be disposed of. With a moderate fall in the ground surface to give an outflow, this slop-water will almost dispose of itself. And open drains for this purpose are far better than to allow the slops to be thrown upon the ground near dwellings or wells, where they soon so pollute the soil as to render it dangerous. Health officers in villages and small towns could do much to induce individual householders to adopt more or less completely, according to circumstances, these simple measures.

OBSERVATIONS AND ANNOTATIONS.

A VALUABLE REPORT is published in the *British Medical Journal* of January 29th, ult., by Arthur Ransom, M.D., F.R.S., lecturer on public health, Owens College, Manchester, on the duration of infectiousness of scarletina, small-pox, measles, mumps and diphtheria. His data are from a large experience, from evidence collected by individuals and by "collective" investigations. Measles was shown by five cases to be infectious before the appearance of the rash; in two cases, at least two days before that event, and one case apparently four days. In one case, three days before the rash appeared, it failed to give the disease to seven susceptible children. Scarlet fever

was communicated in four cases from twelve to twenty-four hours before the appearance of the rash; and, five weeks after this time, in one case after disinfection, no contagion took place. In two others, however, six weeks after the illness commenced, the disease was conveyed, and, in one of these, disinfection had been carried out at a large fever hospital. Mumps was communicated in one case one day before the swelling appeared in the gland. Small-pox is considered to be infectious in ordinary discrete cases for five weeks, and in the confluent form for eight weeks. In scarlet fever, "if the patient be not discharged till he is thoroughly peeled (hands and feet), till his throat is without the faintest blush, and his discharges are regular, and he has been properly cleansed, there need be no fear of his communicating the disease." The detention of the patient thus varies from one month to seven weeks.

ATTENTION is frequently drawn to the fact that disturbance of soil, apparently soil laden with organic matter—impure soil—appears to increase the frequency of typhoid fever and diphtheria in the vicinity. At a meeting in August of the Harveian Society, Adelaide, S.A., Dr. Foulton said he had observed that the number of cases of typhoid treated during 1882, 1883, 1884, and 1885, appeared to be above the average, and that work of connecting city houses with the new deep drainage system was begun in 1882 and finished in 1885; during these four years there was too much upturning and emptying of old cesspools. Dr. Corbin and other members of the branch called attention to outbreaks of diphtheria following disturbance of night soil. Dr. Poulton thought his figures warranted the adoption of the greatest precautions during the progress of such work.

THE SANITARY ERA, a very welcome semi-monthly exchange, recently commenced in New York, gives in its last issue (Feb. 1st) results of sanitary work in Waltham, Mass. During the last seventeen years the population of the place has ranged from 9,000 to above 15,000. The progress effected in sanitation, as indicated by the general death rate, is from an average of 17.70 deaths per 1,000 per annum in the first nine years, to an average of 15.62 in the last eight, beginning at the date when a distinct Board of Health was established, and ending with a rate of