

"In view of the frequent occurrence of inflammation of the lungs among the patients, the question of the disease being 'infectious' or 'epidemic' pneumonia early suggested itself. This is a disease apt to arise under insanitary circumstances, such as overcrowding, deficient ventilation, and other hygienic errors apt to induce infectious diseases in general. And no doubt in this School the sanitary conditions, especially with regard to air space, as indicated both by the Government Inspector and Dr. Russell, are defective; and pneumonia, not, however, as an epidemic, has been a frequent visitant in recent years. But it must be borne in mind that out of the 66 cases comprised in the epidemic only 16 had decided pneumonia. Other 8 were doubtful cases (some of them very doubtful, the temperature being the only suggestive fact), but the majority of the patients presented no traces of pneumonia at all. No doubt in many of these the disease was of short duration and unattended by high fever, but the general symptoms otherwise were such as to reveal clearly a close ætiological affinity, if not absolute identity, with the more severe cases. They seemed all the victims of the same poison, although in some, owing probably to personal idiosyncrasy aided by favorable atmospheric conditions, it issued in pneumonia.

"It is to be remarked also that the clinical features of the pneumonic cases do not strengthen the idea of the disease being 'epidemic' pneumonia arising from insanitary surroundings. There was no prodromal stage; the local lesion revealed itself early; the disease was unassociated with typhoid phenomena; terminated in crisis, in every instance, within a week; the convalescence being rapid, and the restoration of the lung speedy and complete. In no instance did death occur. Such are not the characters of the infective type of pneumonia; and indeed, apart from their epidemic association, any of the cases might have been selected as exhibiting most of the typical characters of acute pneumonia as it occurs sporadically.

"It is impossible with our present light to dogmatise regarding the exact nature or genesis of the disease. The question as to whether it might not be an anomalous manifestation of enteric or typhus fever was suggested, but nothing transpired to encourage such an idea. The circumstances pointed clearly, of course, to a local origin of the disease, and it is no matter for wonder that it told with such

severity among boys of low constitutional vigour living under unwholesome circumstances."

Diphtheria: Its Specific Origin.

On the discussion which followed a paper by R. W. Parker, M.R.C.S., East London Hospital for Children, on "Moot Points in the Surgical Treatment of Diphtheria," Dr. Ranke, Munich, referred to the researches of his colleague Dr. Rudolph Emmerich, who had examined bacteriologically, not only diphtheritic membranes from the living, but also the different organs of children who had died, immediately after their death. He always found a combination of infection. Of seven cases examined immediately after death, he found by Koch's method, in five cases, a very short bacillus always combined with streptococcus or staphylococcus pyogenes aureus. The short bacilli were found not only in the mucous membranes of the larynx, the trachea, and the bronchi, but also in the pneumonic infiltrations, wherever such occurred. A few times they were found in blood taken from the head. Histologically he found upon the membrane and in its superficial layers a number of different bacteria, among which was Loeffler's bacillus. On the deeper layers of the mucous membrane were streptococcus or staphylococcus and the short bacillus, not Loeffler's; by inoculation with the short bacillus in the mucous membrane of the larynx of rabbits, a true membrane was formed. It was remarked by Ranke as noticeable that in Munich where typhoid has almost disappeared through the great sanitary reforms which have been introduced within recent years, the diminution of diphtheria is relatively very little. Further, Ranke affirmed that in every instance, close examination revealed a case of diphtheria in the same relation to every case of membranous croup. He further remarked that in treatment of tracheotomy he prevented sloughing by iodoform, and used only as an inhalation, water vapour.

Specific Gravity of the Urine.

Dr. Chas. W. Purdy arrives at the following conclusions:—

1. That all structural diseases of the kidneys cause a decrease in the quantity of salts excreted in the urine.
2. That if measured by the normal quantity of urine, fifty ounces, the specific gravity of the urine is decreased by all structural