nent, declares that contagiousness endures until the last trace of inflammation or infiltration secondary to the diphtheritic process has disappeared; a fourth would protract the duration of quarantine for a month, or at least three weeks, after all symptoms had abated, and would forbid return to school while any redness of the fauces or any coryza The discrepancy of opinions in this relingers. spect among the leaders of professional thought suffices to show the need of more definite data to guide our deliberations.

Whooping-cough. — In pertussis, all opinions agree, save one, that contagiousness ends when the cough loses its spasmodic character, the single doubtful view being that, as the danger is wholly from the breath of the patient, it cannot be determined how long the cough may convey infection. It should be remembered, however, that a few writers have expressed doubts of the contagiousness of pertussis in any stage.

Measles.---With regard to measles, I find equal diversity of views. One regards its contagium as very volatile, not long adhering to person or clothing, and permits the return of the patient to school in two weeks after convalesence; a second would defer liberation from quarantine until a week, at least, after desquamation; a third releases the patient when desquamation has ceased, or in cases where no desquamation occurs, after twenty-one days ; a fourth fixes eighteen days ; a fifth believes the danger past when the febrile stage and eruption are gone. The majority measure the time of isolation by the process of epidermal exfoliation.

Scarlatina.—In scarlatina, also, we have opposing opinions, ranging from that which considers it a pythogenic disease, slightly, if at all, contagious from the person, to that which holds the infection to be communicable by the pulmonary exhalations, the blood, the naso-pharyngeal secretions, even the urine, as well as by the epithelial scales. One of my correspondents thinks the infection remains so long attached to the person, that quarantine should endure for eight weeks; another cites an example of transmission after six weeks of isolation followed by a change of clothing; the rest concur in releasing the patient after desquamation has ceased and the surface been thoroughly cleansed. Most of us, I dare say, have adopted this "rule of thumb."-N. Y. Med. Fournal.

## ACTINOMYCOSIS.

Some incidental remarks made at a recent meeting of the Pathological Society revealed the existence of the first genuine instance of Actinomycosis in this country. The case occurred, we believe, in the practice of Dr. Harley at St. Thomas's Hospital, the post-mortem examination being made by Dr. |

bility, except by contact;" another, equally emi- |Sharkey, and the miscroscopical examination by Mr. S. G. Shattock, curator of the musuem. As the disease in man has only been recognized within the past decade, and as no cases have hitherto been recorded in this country, it is not surprising that but few members of the profession in England should be acquainted with it. A valuable clinical contribution to our knowledge of the affection in man, has recently appeared from the pen of Dr. J. Israel.\* In 1882, professor Ponfick published an almost exhaustive monograph on the disease, in which most of the facts then known were embodied. From questions which have been addressed to us, we believe that a brief account of the elemental features of the affection will be welcomed by the majority of the profession, to whom the malady is unknown.

> The affection is presumably one which is dependent on the presence and activity of a micro-The micro-parasite is a member of the organism. fungoid class, and consists chiefly of a mycelium which divides in a dichotomous fashion, and gives rise by its spread from a centre to a radiate appearance, whence its name-actinomyces-is derived. The circumferential ends of the mycelial sprouts have a flask-shaped swelling. The little masses of felted mycelium may be recognized by the naked eve as sulphur-yellow bodies of about the size of a hemp-seed. The disease which this parasite is supposed to cause may develop in many parts of the The most common site appears to be the body. jaw and parts bounding the mouth. The affection in animals has long been known in this situation under various names, and has been regarded as a form of scrofula and as a new growth. It is believed that the parasite gains an entrance through the medium of a carious tooth, or some wound of the gum leading to the jaw bone. There is but little to be said of the morbid anatomy of the disease. Α swelling forms in the jaw, and gradually increases This tumor in its earliest stages may be in size. punctured without any matter being let out, although it generally has an elastic and semi-fluctuating consistence. A section made into a tumor in the early stage of its existence shows a reddish-white area sprinkled in places with gold-coloured granules. Later on abscesses and fistulæ form, in the discharge from which sulphur-colored bodies may be seen. Broadly speaking, the tissue of the morbid new growth, which must be regarded as inflammatory rather than sarcomatous, has very much the characters of ordinary granulation tissue. Actinomycosis may occur primarily in the respiratory tract proper, and Dr. Israel makes this class of cases his second He narrates a case in which the disease group. was localized to the bronchial mucous membrane. The patient was a girl aged fifteen, who suffered from the signs and symptoms of chronic bronchitis,

\* Klinische Beiträge zur Kenntniss der Actinomycose des Menschen. Rerlin : A. Hirschwald.