

into the gaol. The milk supplied by the "gowalla" had frequently been found mixed with water, and he had on several occasions been fined. The water used for the adulteration of the milk was taken from Tolly's Nullah. Along the banks of the Nullah, for three miles, is a crowded population of the usual suburban type, and the water is defiled, we are told, by latrine, by stabling and cowhouse drainage, by cattle, and by the washing of clothes. It appears that cases of cholera along the banks of the nullah had occurred some time previous to the outbreak, and were attributed to the use of the water.

THE MORTALITY OF PNEUMONIA.—Dr. William Osler (*University Medical Magazine*, Philadelphia, No. 2) points out that hospital statistics do not warrant the assertion that there has been any marked increase in the mortality from pneumonia of late years, as asserted by some, although the census returns of the United States favor the latter statement. But, as Dr. Billings points out, the comparison with preceding years is inaccurate, since the data was very imperfect and unreliable. At the Pennsylvania Hospital, with a total of 704 cases since 1845, the mortality has been 29.1, a rate sometimes much exceeded, as in 1875 to 1877, when it was 39.2, and sometimes quite as much lessened, as in 1845 to 1847, when it was only 16 per cent. In the Boston City Hospital for thirteen years the mortality was also 29.1 per cent. Dr. Osler shows that in private practice the rate is lower than in hospitals, and points out that the increase of pauper populations in large cities is doubtless responsible in some measure for this diversity. Dr. Hartshorne's statement that the "mortality of to-day is, under similar circumstances, more than twice as great as it was forty years ago," is not thus borne out; and Dr. Osler shows that in many cases pneumonia is absolutely uninfluenced by treatment. Yet those cases which do call for treatment are precisely those in which our efforts are most futile. Post-mortem records show how seldom a simple pneumonia, apart from chronic disease of other organs, is a cause of death, but Dr. Osler

thinks that it may be useful to divide the fatal cases into three groups: "1. Those in which the death has resulted from such complications as gangrene, meningitis, and ulcerative endocarditis—conditions at present beyond our art to remedy. 2. Cases in which death has resulted from mechanical causes—over-distension and paralysis of the right heart. 3. The large group in which death has been due to failure of the general powers under the influence of the high fever, or of the specific poison, or of both combined." He has often asked himself why death occurred in some cases, and had been struck by the distended right heart and systemic veins in the young vigorous subjects that sometimes succumb. This seemed to indicate that the heart had failed in over-distension, and he was determined "not to let such cases die without a copious venesection." For ten years he has practised free bleeding (twenty to twenty-five ounces) in adults, and has seen but one case recover out of twelve to fifteen. The cases of bleeding in the late stage were uniformly fatal, as if the conditions present in pneumonia are something more than mechanical.

CASE OF CHARBON; EXCISION; RECOVERY.

—Much confusion has arisen in the past from the use of the word "pustule." Bourgeois's work in 1863 on Malignant Pustule and Malignant Edema did much to advance a knowledge of the disease, and the investigations into the life history of the bacillus discovered by Pollender in 1852 carried us much further. Many things have been tried as local applications to the part, from walnut leaves to pure carbolic acid, applied after incision, and the actual cautery; but the method adopted in Mr. Sanders' case is the one generally acknowledged as the best—that is, free excision and the application of a powerful caustic; some using a strong solution of iodine, chloride of zinc paste, or pure carbolic acid, as an application to the raw surface.

A. M.—, aged fifty, was admitted into the infirmary on Oct. 22nd, 1888, with the following history. He had been a free liver, and had worked on and off at the docks for years. Three weeks