

"Fränkel reports four cases which he observed, some of them in adults and some in children, and believes that they were transmitted by the milk used. Wassenberg maintains a similar opinion in regard to the transmissibility of the disease.

"From many facts observed by Dr. Ollivier in the hospital for sick children, he was able to show that children who used the milk of diseased cows almost invariably contracted the disease.

"If, then, we can admit with Monti that aphthous stomatitis may be due to the presence of alimentary substances in the mouth for a long time, or to the alteration of the secretions, or the production of an irritant or toxic substance in the mucous membrane, we must also recognize the fact that aphthous stomatitis may be transmitted by milk from cows or goats having aphthous-fever, for many facts and many examples can be adduced to prove it abundantly.

"Can the disease be transmitted from one individual to another? Some observations made by Chaumier in 1886 seem to prove it.

"But what gives rise to the contagion? Fränkel has found the staphylococcus pyogenes citreous of Passet and the staphylococcus of Rosenbach, but they afford nothing of a special nature.

"Milk from Diseased Animals and its Effects is reported in the *Giornale della Reale Società Italiana d'Igiene* for January and February, 1892.

"It is well known that many hygienists attribute much influence to the milk of diseased animals in the diffusion of tuberculosis. Hirschberg wished to determine definitely the transmissibility of tuberculosis, and made extensive experiments on animals with matter taken from others affected with or suspected of having the disease. The author found that the milk of cows having general or local tuberculosis always possessed the property of giving the disease to animals which were inoculated with it, and it seemed that the active agent had the form of spores, which were more resistant than the bacilli."—*The Sanitarian*, May, 1892.

MORTALITY BY CHLOROFORM AND ETHER.

Dr. Samuel Bell, in an able article in the *Medical Age*, says that the question of mortality by chloroform and ether can be only approximately determined. The number of administrations, with the relative number of deaths, cannot be accurately estimated. Many deaths have been reported, and we feel safe in saying that many have not; but enough have been reported to enable the writer to decide the relative danger of the different anæsthetics.

It is certain that chloroform has caused a great many more deaths than any other

anæsthetic agent, but it can also be justly stated that chloroform has been much more extensively used than any other agent. In Europe a majority of the surgeons have used chloroform alone. American surgeons have used ether more extensively. Squibb has estimated the ratio of deaths from chloroform as published in American journals at 1 to 11,674. Assuming that only half the fatal cases have been reported, this would give a ratio of 1 to 5,837. The Royal Infirmary of Edinburgh gives a more favorable showing; in ten years, with 26,500 administrations of chloroform, only one death occurred. A report of twenty of the London hospitals, where chloroform was used about 8,000 times per annum, gives a mortality of three per annum, or a ratio of 1 to 2,666. It is admitted by the best American authority that, out of 80,000 inhalations of chloroform during the war of the rebellion, only seven fatal cases resulted, giving a ratio of 1 to 11,428. The assertion is also made that during the Crimean war not a single death occurred out of 20,000 inhalations. Kappeler reports for himself, Billroth, Nussbaum and König, out of 39,000 administrations of chloroform by them, only two fatal cases, or the ratio of 1 to 19,500. The exact information with reference to the mortality from ether is not more reliable than that concerning chloroform. From the most reliable sources the ratio of deaths is 1 to 23,204. For protracted operations requiring prolonged anæsthesia, ether is by far the safer; also for weak and debilitated patients.

TREATMENT OF RINGWORM.

Recent reports anent tinæ tonsurans show a strong tendency towards the use of losophan, a new and very effective mycotic which has been giving remarkably good results. Losophan is a triiodocresol, very rich in iodine (about 80 per cent.) with which, on application to dermatic lesions, it slowly parts, thus avoiding toxic effects, while making the pathological field untenable for living organisms. For these reasons losophan is indicated in all cutaneous conditions due to the development of the trycophyton fungus, in mycosis, pityriasis, ysis, prurigo, pediculosis, and in all of the large groups of skin diseases due to the presence of filamentous fungi or microspores. The reports advise the use of losophan in a 1 to 2 per cent. ointment with lanolin or vaselin. Where a wash is needed, a solution should be made of 1 or 2 parts of losophan in a mixture of 25 parts of water with 75 parts of alcohol. The mixture keeps well. Losophan has already been tested in the treatment of phymosis and chancre. The best results were gained from a 1 per cent. powder dusted over the lesions.—*Medical Standard*.