

dual, as to deprive it of its specific power of infecting the latter." By allowing disinfectant, antiseptic, and chemo-cathartic operations to be confounded with one another, we help to perpetuate a wrong notion of the evidence on which the value of a true disinfectant should be based. The author criticised the experiments and resulting conclusion of Dr. Calvert, that carbolic and cresylic acids are the "only true antiseptics" as also those of Dr. Joseph Holt on the action of carbolic acid in arresting the progress of an epidemic of yellow fever. Of the two kinds of evidence thus exemplified, one is legitimate so far as it goes—the evidence derived from epidemics. No visitation of cholera takes place without our being assured, on authority above suspicion, that the fatality of the disease was arrested by the systematic adoption of some particular method of treatment. Many as are the fallacies incidental to the determination of the value of therapeutic interference with disease, those that beset our path when we try to ascertain the value of disinfectant measures in checking the spread of an epidemic are more numerous still. Were it possible, in any single case, to exclude all other possible checks to the extension of a communicable disease, then the evidence in favour of the disinfectant employed would not be merely admissible but conclusive. By an antiseptic we understand an agent capable of preventing the occurrence of putrefaction. Cold, far from being a disinfectant, is probably an excellent preservative of infective products—*e.g.*, frozen vaccine lymph. To isolate the contagium of any communicable disease—to obtain it in a state of purity—is utterly impracticable. Indeed, it is only a few diseases of the communicable class that localise their contagion in such a fashion as to enable us to obtain material of whose infective quality we can feel sure. The difficulties in the way of applying any direct test of disinfectant power become well-nigh insuperable. It is still an open question whether typhus always springs from pre-existing typhus, or whether it may not arise *de novo* from overcrowding. Till we know far more than we do now about contagia it must remain impossible to investigate their relation to disinfectants. Dr. Baxter did not doubt that they all of them "bred true." An ideally perfect fulfillment of the task of disinfection might rid the world of these infective diseases altogether. In his experiments the contagia employed were vaccine, the virus of glanders, and that of infective inflammation, which strictly speaking, is not a specific virus at all. Five disinfectant agents were examined in relation to some or all of these infectant products—*viz.*, dry heat, carbolic acid, potassic permanganate, sulphur dioxide, and chlorine. Dr. Baxter alluded to the experiments of other authorities. He endorsed two points established by Dr. Hiller, *viz.*—(1) That vaccine lymph is robbed of its infective power by exposure to a temperature of 100° C. for ten minutes; (2) that its effective power is not abolished by carbolic acid until the proportion of the latter in the mixture amounts to 2 per cent. Broadly speaking, the conclusions of Drs. Vacher and Braidwood, in reference to carbolic acid, potassic