in the increased activity of local authorities, in sewering, house draining, street paving, and in the removal from villages and towns of many sources of nuisance—such as common privies, movable pails, slaughterhouses, cowsheds, and dairies—from places where they ought not to be. He insists, wisely too, on the local and general inspection of our food supplies, and especially of our water supplies. By attention to these principles, and by carrying out in the early life of individuals, in the regulation of the home and in the governing of communities, it is now—thanks to the investigations of Snow, Simon, Farr, Netten, Radcliffe and others—pretty clearly established that cholera may be successfully kept at bay, at least in European countries (and still more so on this Continent); no other system of precautions will avail, and a reminder that it is so is just now timely and useful. Nothing useful can be expected from sanitary *cordons* or quarantine; much may be attained by civic sanitation and personal hygiene." It is not then any too soon for municipal health authorities, rural as well as urban, to be up and doing—putting their house in order—draining, scavenging, disinfecting, lime washing, and well-cleaning and inspection of water supplies; in short to provide for the early destruction of every trace of waste organic refuse of every sort; while it is never too soon to adopt rules of personal hygiene, as in accordance with our article on Avoiding and Preventing Infection in this JOURNAL of last month.

A FAVORITE HABITAT OF DIPHTHERIA.—ITS REMOVAL.

AT the fourth annual meeting of the Association of Executive Health Officers held in Brockville in August last, Charles McClelland, M. D., medical officer of Trenton, read a paper entitled "A Favorite Habitat of Diphtheria." He said: We gather from the observations of writers on diphtheria, both in Great Britain and elsewhere, that the disease is much more prevalent in rural districts—especially where the rainfall is great without efficient drainage—than in populous towns and cities, and one writer of great experience asserts that the number of fatal cases in rural districts is nearly three times greater than in cities. The late outbreak in our own unorganized townships has emphasized these remarks. A quite satisfactory explanation of this statement has yet to be discovered, though the same writer remarks that whatever conditions promote fungoid growth appear to favor the incidence and persistence of the disease. . . . . "I now come to point out a favorite habitat of the disease in my own locality. This district has been settled for more than half a century, and some of the houses of the pioneers or their immediate successors still serve as dwellings for laborers on farms and in villages. They are in all stages of decay, especially well advanced where the floors and foundations rest, as most of them do, on damp soil with no air space beneath and where no sunlight can penetrate. The under surface of the timber is found on removal to be covered with white or gray leathery fungus, not unlike the diphtheritic membrane itself. The old homesteads of the better class, though presenting a trim and well painted exterior, are, like the cabins, without under ventilation, and present the same fungoid growth hanging like flat icicles beneath the floors. A case where one was recently destroyed by fire was so remarkable in this respect as to excite the curiosity of the workmen who removed the foundations.

"Although these once happy homes of a by-gone generation are interesting from an historical point of view, yet I have been so often called to see cases of diphtheria in them that I seldom pass one without wishing it had long since been converted into firewood to warm its unfortunate tenants in a new and healthier home. They are mapped out on my memory as plague spots where diphtheria is surely lurking. Most of the cases in my practice began in one or another of such houses, though they