

fulminant cholera sicca will prove fatal in a few hours. The bacillus carrier will walk around with no symptoms.

A picture of a case of classical type will present vomiting, diarrhea of rice water character, abdominal cramps, cramps in legs and arms, subnormal temperature, loss of voice, failure of pulse, cyanosis and suppression of urine and bile, and collapse. Typical cases like these would be easy of diagnosis. There are, however, atypical cases, and in cholera sicca there is no diarrhea, the cases fatal in a few hours.

Treatment is considered under two headings, the treatment of collapse and the treatment of uremia. For the former there is no better treatment than the intravenous injection of salt solution, as the great need of the patient is for fluid, and the fluid must be rushed into the blood path at once.

Epidemic Poliomyelitis.—Acute anterior poliomyelitis formerly, would, under present understanding, according to Holt, be better designated "epidemic myeloencephalitis." It is for all practical purposes now considered a contagious disease, and numerous Boards of Health have placed it on the lists of reportable diseases.

That it has been very widespread in its incidence, especially since 1907, everybody knows. Over eight thousand cases have been reported from 1905 to 1909, and of the five thousand cases in the United States practically all occurred in the three years, 1907-1909, when in the former year the cases were very definitely confined to New York City.

In a paper on the subject Passed Assistant Surgeon Frost of the U. S. Public Health and Marine Hospital service gives the following suggestions as to what the health officer can do towards the prophylaxis of the disease:

1. Isolation of the patient, with isolation of the contacts so far as practicable—certainly to the extent of excluding members of the patient's family from school for at least two weeks. Exclusion of insects and animals from the room.

2. Disinfection of the secretions of the nose and mouth and of the stools and urine. Disinfection of all articles which might have been contaminated by the patient.

3. Fumigation of premises after recovery.

In framing our expectation of results from these measures we must consider several circumstances:

1. The disease is already disseminated over a wide area. Experience with other widespread contagious diseases, such as scarlet