

July and August. The reopening of public schools in September provides the next factor for a rapid increase of cases - children go from rooms where diphtheria has prevailed during the summer months, perhaps wearing infected clothing, and sit side by side for several hours a day with school-mates who from seasonal causes have congested throats. The Klebs-Loeffler bacillus can live in the mouth without immediately giving rise to diphtheria. In the close air of a school room, therefore, many cases may be caused by a few sources of infection. It follows as a matter of course that the child who sickens at home becomes in turn a fresh centre, and so the disease develops into an epidemic.

Then again, the condition of the city sewers deserves consideration. The present outbreak has appeared principally in the northern and western parts of the city; and, strange to relate, comparatively few cases are reported from the eastern part beyond the Don. This would induce us to suppose that decomposing sewage had collected in the closed *and not properly ventilated* upper ends of the sewers in the northern part of the city owing to insufficient flushing—and the accumulated gases of decomposition were given off at the street gratings and probably into dwellings owing to imperfect plumbing.

If anyone supposes that the modern system of plumbing and house drainage offers a sufficient safeguard against the inroads of sewer gas, we refer him to Dr. Allan's report for 1891, in which it is stated that owing to defective connections between the iron soil-pipe and the tile house drain, choked drains and defective plumbing, the smoke test proved that out of 268 tests made, in only one was the plumbing found tight.

Another feature deserving of consideration is that scarlet fever prevails at the same time. Few physicians now-a-days believe that diphtheria and scarlet fever are identical, but the anginous throat of a scarlatina patient certainly offers a favourable culture medium for the growth of the germ of diphtheria. The same remark applies to measles.

There are many other features in the etiology of this persistent plague which are deserving of notice, and which have from time to time been commented upon by sanitarians in America and Europe. The retention of the germs in clothing, on floors, wall paper and furniture, their distribution

through milk from infected milch cows or milk rendered infectious by proximity to cases of diphtheria, the existence of this disease in domestic animals and birds, the conveyance of the germs into dwellings from dampness and bad drainage of the premises, or from offensive collections of manure and garbage and polluted water, are sources of contagion which may be combated by better domestic management and more exacting civic hygiene. The fact remains, however, that our system of public schools and Sunday schools is chiefly responsible for the existence of diphtheria in epidemic form, and that improved construction and ventilation of school buildings have so far not tended to mitigate the evil.

#### THE MEDICAL COUNCIL OF GREAT BRITAIN.

Those who are objecting to the representation of the Ontario Medical Council and asking for the abolition of all school men on that board, might well consider the composition of the British Medical Council. Under the Act of 1886, we find that it shall consist of the following members, that is to say:—

Five persons nominated from time to time by Her Majesty, with the advice of her Privy Council, three of whom shall be nominated for England, one for Scotland, and one for Ireland; one person chosen from time to time by each of the following bodies:—The Royal College of Physicians of London; The Royal College of Surgeons of England; The Apothecaries' Society of London; The University of Oxford; The University of Cambridge; The University of London; The University of Durham; The Victoria University of Manchester; The Royal College of Physicians of Edinburgh; The Royal College of Surgeons of Edinburgh; The Faculty of Physicians and Surgeons of Glasgow; The University of Edinburgh; The University of Glasgow; The University of Aberdeen; The University of St. Andrews; The King's and Queen's Colleges of Physicians in Ireland; The Royal College of Surgeons in Ireland; The Apothecaries' Hall of Ireland; The University of Dublin; The Royal University of Ireland; three persons elected from time to time by the registered medical practitioners resident in England; one person elected