

urine in the twelve hourse ; there was no eruption, and the headache and backache had left him. I ordered the treatment continued. The urine showed a much smaller quantity of albumin and no sugar.

Sunday, July 18th.—Found my patient resting easy. Quantity of urine almost normal and very small traces of albumin ; no itching or eruption ; no elevation of temperature ; pulse, 100.

Monday, July 19th.—Patient much improved and wished to sit up. Quantity of urine, no albumin, no sugar, and no other symptoms. Piles had become smaller and could be again replaced, although much burned by carbolic acid and sloughing.—New York Medical Journal.

DIPHThERIA

Our notions of epidemics have been enlarged in an interesting direction of late, especially in regard to epidemics of diphtheria. Fibeger, of Copenhagen, in an interesting paper published in the *Berliner Klinische Wochenschrift* of August 30, points out the fact that in most, if not all, epidemics those sick with the disease are a small proportion of the infected. Soon after the discovery of the germ, it was found that convalescents carried it in their throats for a varying time, probably several weeks after recovery from the symptoms. Further investigations show that during an epidemic absolutely healthy persons in considerable numbers have the germ in their throats. These latter may, or may not, develop the disease. The visible epidemic is supplemented by a larger invisible one about the edge, like the invisible rays in the ultra-violet end of the spectrum. The obvious inference is that all persons whose throats contain diphtheria germs should be considered as dangerous to the community. If observations confirm this idea, the fact is one of the greatest importance with regard to prevention, and hosts of cases are explained whose origin has hitherto been impossible to discover. Observations are supplied by Fibeger in sufficient numbers

to fairly well establish the truth of his assertion.

Of special interest is the epidemic observed by Hollstrom in Stockholm. In a regiment of life-guards in that place several cases of diphtheria appeared. Soon after this, a servant from the town was brought into the hospital with well-marked diphtheria. Her case was one of those which are very difficult to explain. There was no diphtheria in the family in which she was working, nor in that part of the town, and she had come in contact with no diphtheria patients so far as could be ascertained. It was found, however, that she was engaged to be married to one of the members of the infected regiment, who was, however, apparently quite well. Examination showed abundant diphtheria germs in his throat. The task was then undertaken on the first of March of examining the whole regiment. Of 786 members germs were found in the throats of 151. Those men were at once isolated. After such isolation no more cases developed in the garrison except three among the 151 already infected. A daughter of one of the isolated men who was not sick with diphtheria, within a moderate time developed the disease, and it was found on examination that his wife had germs in her throat. Vigorous enquiry revealed the fact that the man had made two visits to his home in spite of all the precautions that could be taken. At the end of June, the regiment, now numbering 1,011 men, was examined, and only three of them were infected. These three were isolated, and this closed the epidemic.

The difficulty of handling such epidemics in large communities is obvious. Fibeger's observations, however, constitute a notable addition to our knowledge of epidemics, and the method by which they should be handled. Although it might not be feasible to make a bacteriologic examination of all the members of a community, this could be done with the people who come in contact with diphtheria cases, and no doubt in this way epidemics might be cut much shorter than is