

spore formation has been demonstrated. They have a very characteristic appearance when grown on potato, the surface of the latter appearing covered with a moist pale-brown down. If injected into the veins of animals, in some cases the same appearances are found in the intestine and spleen.

The Small-pox Microbe, it is said, has at last been discovered by Dr. Sicard, of Beziers, in a memoir recently handed in to the French Academie de Medecin. He reports it to be a bacterium belonging to the class of cocci; round, with a transparent centre, umbilicated in the middle, while its edges are raised. It can be readily cultivated on gelatin that has been sterilized by bichloride of mercury. It may be found at all stages of small-pox, not only in the pustules of the skin, but in the mucus of the bronchial tubes and in

the blood. It is likewise found suspended in the air of rooms containing small-pox patients, and if water be allowed to stand in such rooms in open vessels, it soon contains the small-pox bacterium.

PROFESSOR KLEBS, of Zurich, it is said, (Brit. Med. Jr.) who has made a thorough examination of the blood of many patients suffering from influenza, as recently so prevalent, has found in it enormous masses of flagellate monads. These were of two forms: a smaller, with very active movements of the flagella (whip-like appendages), and a larger, with much slower movements. In specimens stained with methyl blue Prof. Klebs observed that the monads were sometimes on the edge of the red blood corpuscles and sometimes inside them. They are said to resemble the plasmodia found by Laveran in the blood of patients suffering from malaria.

ON PREVENTING THE SPREAD OF DIPHTHERIA.

AT a recent meeting of the New York Academy of Medicine, Dr. W. P. Northrup, (N. Y. Med. Jr.) in opening a general discussion on this subject, assumed, as a basis of argument, that diphtheria was contagious by transportation as well as contact. He then went on to consider the best means of avoiding spread of the disease by the physician himself. He thought that the first precaution which the physician should take was to keep his person and garments from becoming infected with secretions from the patient. How was he to effect this? how take the pulse, examine the fauces, listen to the lungs; or make topical applications to the pharynx or insert a tube into the larynx, and then leave the house of the patient, feeling certain that in twenty minutes he might safely visit another child and examine an ordinary catarrhal pharyngitis without danger of implanting upon that susceptible mucous membrane a fresh vigorous colony from his last diphtheria case? It was clear that the physician must protect his person and

garments from infection, and must also do his best to destroy infection upon the necessarily exposed parts. He must *protect* and *disinfect*. How often a physician would sit on the side of the diphtheritic patient's bed, play with toys, tease the child, and make himself agreeable for a time and then go away saying he must hurry because he had fifty more visits to make before eleven o'clock that night! The details of precaution against contamination from flying spittle and *débris* of necrotic bacteria-laden tissue from a struggling child's pharynx should be carefully studied out and conscientiously observed. After such ablutions as would thoroughly cleanse the hands, disinfectants should be used of a strength known to be efficient. There was no excuse for a physician's coat being infected; but suppose his waistcoat got the charge, it should be sterilized. It was for such garments as these, and for many of the articles about the patient, that he recommended sterilization by steam. He then exhibited the practical working of the Arnold steam