

flesh—indicating material changes in the blood itself, and especially the colouring matter of the red cells. (e.) A green colour of the flesh—indicating putrefaction. (f.) Extravasation of blood into the deeper tissues, or universal superficial extravasation, as indicating also important blood changes. (g.) Effusion of serum into the cellular tissue, especially if this effusion is general and deep seated, and still more particularly if this effusion is tinged with blood and is thrown out in close proximity to the bones; all indicating some form of degradation or depravation of the blood, as the result of fever, organic disease, the action of poisons, and improper dieting. (h.) A flabby or flaccid condition of the flesh, particularly if that condition is associated with a soapy feel to the fingers, and if the flesh pits on pressure. (i.) Any odour indicating the commencement of putrefaction, particularly if found in close proximity to the bones.—*Prof. Walley at the meeting of the Sanitary Association of Scotland.*

AT THE RECENT MEETING of the Sanitary Association of Scotland, Dr. McVail in an address on the Methods and Objects of Preventive Medicine, said that, broadly speaking, there are three great lines of defence, sanitation, inoculation and isolation. By sanitation he meant the production of such conditions of air and soil and water as shall not be consonant with the existence of the specific organisms of zymotic diseases. The perfecting of this first line of defence formed the daily and regular work of the sanitary inspector. The second line he had named inoculation as indicating a theory at present, rather than an actuality, as in only one disease (small-pox) was this method of protection of avail. The third method of protection was isolation, and to this some of the greater triumphs of protective medicine were due. As regards the results of preventive medicine, Dr. McVail showed that in England and Wales no less than 100,000 lives were annually saved by its means. Dr. J. B. Russell then read a paper on the Sanitary Enfranchisement of the Rural Population of Scotland. He said all true sanitation must begin in the houses of the people, and must be specially and directly maintained out of the pockets of the people, and controlled by their votes. Health administration must therefore be educative if it is to be successful.

THE HEALTH OFFICER of Glasgow, the well known Dr. J. B. Russell, says—and than which there is no truer saying—that as all true sanitation must begin in the houses of the people and must be maintained out of the pockets of the people and controlled by their votes, health administration must therefore, to be successful, be educative.

FOUR SANITARY ADVANTAGES for the town of Brighton, England, are given in a paper by Dr. Ewart of said town, (in Sanitary Record, Oct. 1888), as follows:—1st, The unrivalled site upon which the town is built. 2nd, An abundant supply of potable water of virgin purity. 3rd, An excellent system of drainage and very efficient Sanitary Department. And 4th, A (resulting low and) steadily diminishing death rate.

OIL OF BAY VS. FLIES.—As it appears evident that flies may carry infections, such as tubercular or other, there is more than one reason for getting rid of these pests. It is stated that expressed oil of bay is extensively used in Switzerland by butchers to keep their shops free from flies, and that after a coat of oil has been applied to the walls no flies venture to put in an appearance. The remedy has been tried and found effectual in France. It is remarked that flies soon avoid the rooms where this application has been employed.

SACCHARIN seems now to be extensively used as a substitute for sugar in syrups and preserves, and, a fact fully recognized in commerce, even in *champagne*. A medical commission after investigation concludes that saccharin should not be introduced into food; that it is not a food and cannot replace sugar, that its use, or that of its preparations, seriously disturbs the digestive functions and increases the affections known under the name of dyspepsia, and that it should be prohibited as an article of food. It is said that the Portuguese Government has prohibited the introduction of it into that country.

SMELL OF SOUND MEAT—FOR INSPECTORS.—From the special Paris correspondent of the British Medical Journal, Nov. 3, 1888:—In the normal state the flesh of every animal has its own characteristic odor. Beef has a specific insipid kind of smell, modified by the different modes in which the animals have been fed. Thus it is stated that the flesh and milk of cattle in the polar regions have a fishy odor, because the absence of pasturage obliges the inhabitants to feed their oxen and cows on fish. Veal smells of milk, mutton of wool and sometimes grease. The normal odor of pork is insipid and inoffensive, but when the pigs are fed on offal the flesh has a pale cachectic hue, and an offensive smell and taste. The odor of poultry fed on corn differs from that of poultry artificially fattened. In a diseased state, meat emits a typical odor resembling the breath of feverish patients. This odor is particularly noticeable beneath the shoulder, and in the muscles of the inner side of the leg. The odor should be carefully noted immediately after the incision is made. This