

the first intimation of its presence is a scarcely noticeable uneasy sensation of pain or pressure with slight itching. On inspection, the black spot which shows the end of the flea is seen surrounded by, perhaps, a slightly raised reddened area. On shelling out the flea it is often found to have reached the size of a large pea without producing any noticeable discomfort. One can easily understand, therefore, that a careless person, or one whose sensibilities are dulled by disease, as sleeping sickness, may come to be fairly honeycombed by these parasites. In such persons, whose wounds are untreated, the condition may easily go on until deformity or even loss of toes be produced through suppuration and gangrene. Tetanus is not an infrequent complication.

The treatment consists in merely removing the sand flea at the earliest possible moment. If it is already of any size, the very greatest care must be taken not to rupture its lest portions be left behind in the wound. The cavity is wiped out with some disinfectant and the wound heals uninterruptedly. Where chiggers are at all numerous, every native carries a blunt needle or a sharp little stick with the sole purpose of shelling out the chiggers which attack him. Those living in chigger infected countries should wear high shoes, these and the socks should be in good repair. One should never go bare-footed, even in a bedroom. Some persons recommend the use on the feet of strong smelling substances: Oil of Cloves, Balsam of Peru, or Petroleum, perhaps a needless precaution. In any case, a careful inspection of the feet should always form part of the daily toilet. In dwelling places the development of the fleas may be kept down to some extent by the constant sprinkling of water: carpets are, of course, inadmissible and all rooms must be kept scrupulously clean.

D. J. EVANS, M.D. I was unfortunate enough while on a trip to Jamaica to get one of these fleas in my toe; it caused little or no inconvenience and was removed by one of the natives. On the return trip also just as we were entering New York I had a similar experience. It caused a little discomfort on walking but nothing else and I had it removed some four or five days later by a confrere in Vermont.

WESLEY MILLS, M.D. Dr. Todd has just become a member of the Society this evening and as he has presented a communication I think he must hold the record for activity in a new member. We welcome him as a member of our Society and trust that this activity and originality may continue to stimulate the rest of us.

THE OPTHALMO-TUBERCULIN REACTION.

R. P. CAMPBELL, M.D.

HANFORD MCKEE, M.D.

P. G. WHITE, M.D.—Dr. Campbell read the paper which was published in the April number of the JOURNAL.