

away all dust, from window ledges and other places where it may have settled, and thoroughly to cleanse crevices and out-of-the-way places. After this application of the disinfecting solution, and an interval of twenty-four hours or longer for free ventilation, the floors and wood-work should be well scrubbed with soap and hot water, and this should be followed by a second, more prolonged exposure of fresh air, admitted through open doors and windows.

As an additional precaution, fumigation with sulphurous acid gas is to be recommended, especially for rooms which have been occupied by patients with small-pox, scarlet fever, diphtheria, typhus fever and yellow fever. But fumigation with sulphurous acid gas alone, as commonly practised, cannot be relied upon for disinfection of the sick-room and its contents, including bedding, furniture, infected clothing, etc., as is popularly believed.

When fumigation is practised, it should precede the general washing with a disinfecting solution heretofore recommended. To ensure any results of value, it will be necessary to close the apartment to be disinfected as completely as possible by stopping all apertures through which the gas might escape, and to burn not less than three pounds of sulphur for each thousand cubic feet of air space in the room. To secure complete combustion of the sulphur, it should be placed in powder or in small fragments, in a shallow iron pan, which should be set on a couple of bricks in a tub partly filled with water, to guard against fire. The sulphur should be thoroughly moistened with alcohol before igniting it.

*Disinfection of privy vaults, cesspools, etc.* When the excreta (not previously disinfected) of patients with cholera or typhoid fever have been thrown into a privy vault, this is infected, and disinfection should be resorted to as soon as the fact is discovered, or whenever there is reasonable suspicion that such is the case. It will be advisable to take the same precautions with reference to privy vaults into which the excreta of yellow fever patients have been thrown, although we do not definitely know that this is infectious material.

For this purpose the standard solution of chloride of lime may be used in quantities proportioned to the amount of material to be disinfected, but where this is considerable it will scarcely be practicable to sterilize the whole mass. The liberal and repeated use of this solution, or of a 5 per cent. solution of carbolic acid will, however, disinfect the surface of the mass, and is especially to be recommended during the epidemic prevalence of typhoid fever or of cholera.

All exposed portions of the vault, and the wood-work above it, should be thoroughly washed down with the disinfecting solution. Instead of

the disinfecting solutions recommended, chloride of lime in powder may be daily scattered over the contents of the privy vault.

*Disinfection of ingesta.* It is well established that cholera and typhoid fever are very frequently, and perhaps usually, transmitted through the medium of infected water or articles of food, and especially milk. Fortunately we have a simple means at hand for disinfecting such infected fluids. This consists in the application of heat. The boiling temperature maintained for half an hour kills all known disease germs. So far as the germs of cholera, yellow fever, and diphtheria are concerned, there is good reason to believe that a temperature considerably below the boiling point of water will destroy them. But in order to keep on the safe side, it is best not to trust anything short of the boiling point (212° F.) when the object is to disinfect food or drink which is open to the suspicion of containing the germs of any infectious disease.

During the prevalence of an epidemic of cholera it is well to boil all the water for drinking purposes. After boiling, the water may be filtered, if necessary to remove sediment, and then cooled with pure ice if desired.—*Jour. Am. Med. Assoc.*

## DISEASES WITH PERSONAL NAMES.

The *Union Médicale du Nord-Est* publishes in its last issue a very interesting article from the *Gazette Médicale, de Strasborg*, in which the writer points out the inconveniences resulting from the use of personal names in the designation of diseases. He terminates his article with a list of these names, which we place before our readers:

Addison's disease. Suprarenal cachexia; bronzed skin disease.

Addison's keloid (or cheloid). Cancroid, or Morphew.

Alibert's disease. Fungoid mycosis.

Aran-Duchenne's disease. Progressive muscular atrophy.

Astley Cooper's hernia. Crural hernia involving the superficial fascia.

Argyll-Robertson's sign. Absence of pupilar reflex.

Basedow's disease. Exophthalmic goitre.

Bazin's disease. Buccal psoriasis.

Béclard's hernia. Hernia across the saphena.

Bell's paralysis. Paralysis of seventh pair.

Bergeron's disease. Localized rhythmic chorea.

Boudin's law. Antagonism of impaludism and tuberculosis.

Boyer's cyst. Sub-hyoiden cyst.

Bright's disease. Nephritis (albuminous).

Brown-Sequard's syndrome. Hemiparaplegia with hemianesthesia of the opposite side.

Cazenave's lupus. Erythematous lupus.