In a threatened invasion of cholera, or in its presence, Boards of Health have duties to perform which would be little less than criminal to neglect. The municipality should be thoroughly cleaned; all filth removed or destroyed; whenever city water can be procured the wells should be closed, and, wherever practicable, that relic of mediæval barbarism, the privy pit, should be abolished. In some parts of this city, however, the latter is doing a meritorious work, for want of room it is crowding out its old-time companion, the well. Defective drains and sewers should be attended to. Householders should keep their premises scrupulously clean, and avail themselves not less than once a year of the Port Stanly bathing train.

In the treatment of cholera prompt measures are necessary in order so far as possible to prevent the stage of collapse, in which the chances of recovery are almost nil. The patient should be isolated in a large well-ventilated room, and the discharge from the stomach and bowels immediately destroyed by the best of all germicids—fire. Soiled clothing should be boiled at least one hour and then immersed in a solution of mercuric chloride of about 5i to the gallon of water. The nurses' or attendant's clothing and hands should be disinfected by the same or Lataragus solution. My experience with cholera was confined almost wholly to military practice in the armies of the United States after the late war. Where the troops were concentrated in large numbers the mortality was high.

A measure was then adopted which would seem to be an excellent method of scattering the disease germs. Regiments in which the disease had appeared were divided into detachments of three or four companies and sent fifty or sixty miles away into camp under canvas and the sick placed in hospital tents containing twelve beds in each.

This had the effect, so far as the troops were concerned, of stamping out the disease in a comparatively short time, and did not, as some expected, spread the disease through the country.

The mortality was higher in the cities among civilians than in the rural districts, and in general the disease ran a short course. A young man in a few hours would look like a dessicated octogenarian, and the corpse of an old man would readily discount an Egyptian mummy, embalmed fifteen hundred years before Joseph's unfortunate episode with Potiphar's wife. It is unnecessary to go into the treatment pursued by the army surgeons at that epidemic. Our experience was, that so long as the character of the discharge remained unchanged, or in the first stage, whatever the line of treatment followed, if it did not, by stimulating the action of the liver, produce the desired change, that treatment was useless. The three therapeutic agents of most value in that epidemic, were calomel, opium and ice. The former in 15 and 20 grain doses, or as much as could be absorbed. While vomiting continues, small pieces of ice should be swallowed instead of water. Hypodermic injections of morphine, or morphia and atropine should be injected in the epigastric region, with sinapisms and hot water applications to the extremities. Friction and hot fomentation to relieve the muscular cramps. Camphor bismuth and mineral acids, especially sulphuric, sometimes gave good results. In the stage of collapse, brandy internally with hypodermic injections of digitaline. In this disease the fatal termination is hastened by the serious loss of salts in the serum. To counteract this large quantities of salt and water should be thrown into one or more of the large veins, and also injected into the subcutaneous connective tissue. Following the course of Dr. Koch, of Berlin, in tubercular diseases, and Dr. Pasteur, in hydrophobia, the physicians in that part of France, where cholera is now prevalent, have recently inoculated four hundred persons with cholera virus, with the object of procuring immunity from the disease. Sufficient time has not elapsed to show whether this method of prophylaxis will prove successful or not. The Imperial Health Office of Berlin, recently issued an announcement to the effect that lemons and oranges are both fatal to the cholera bacillus.

Placed in contact with the cut surface of the fruit, the bacteria survive but a few hours. They remain active for a few hours longer on the rind of the fruit, but even then they die within twenty-four hours. The destructive property as regards cholera is supposed to be due to the large quantity of acid contained in these fruits. In consequence of this, the Health Officer has not placed any restriction upon the importation or sale of these fruits, even when it is known that they come from where cholera is prevalent at the time.

If the germ theory of the origin and propagation