

and, indeed, to constitute a veritable calamity for our country. To what causes are we to attribute this incessant progress? Has the disease become modified? Is it changed in its type, and has it become more contagious? One must think so, because the disease spreads in these days more rapidly, while we now take so much more precaution against its contagious nature. Diphtheria is we now know—leaving aside the questions of its germ origin—a specific and contagious disease, but we are unable to class it among what M. Brouardel calls avoidable diseases, such as typhoid fever or small-pox, because we know nothing as yet of its origin. Therefore, to combat it we are reduced to disinfection and isolation; we cannot as yet take preventive measures. With regard to disinfection, if we believe that the virus exists in the false membrane, as I do, it follows that all the emanations should be destroyed, and all fomites most vigorously disinfected.”

“If we know that the germ resides in the discharges, it is very clearly indicated that these discharges should be destroyed with all due precaution. It follows also that the period of isolation should be dictated by the duration of the discharges from the passages affected. This, of course, varies in different cases.”

Dr. Gibert, of Havre, said that diphtheria appeared at Havre in 1860, being at first local in its distribution, but later spreading throughout the town, and reaching an acme of severity in 1885. A special crusade against diphtheria, called a *Brigade de Salubrité*, was then inaugurated, and by regular notification of cases and disinfection of the unhealthy localities the disease has been nearly stamped out. In Dr. Gibert's opinion, if all the doctors of the town will continue to supply accurate information to the authorities, the extinction of the disease is only a matter of time.”

Dr. Abbott, of Boston, Mass., said in summing up the views presented in his valuable papers:

1. “That diphtheria is an eminently contagious disease.”
2. “That it is infectious, not only by direct exposure of the sick to the well, but also through indirect media, such as clothing and other articles that have come in contact with the sick.”
3. “That the certainty of infection is not so great as in the case of some of the other infectious diseases, notably small-pox and scarlet fever.”
4. “That overcrowding, faulty ventilation, and filthy condition of tenements favours its spread.”
5. “That the influence of defective plumbing is not proven.”
6. “That its transmission through public and private water supplies is not proven.”
7. “That its propagation is favoured by soil-moisture, damp cellars, and general dampness of houses.”
8. “That the poison may remain ineffective in houses for a long period.”

The fifth conclusion reached by Dr. Abbott in regard to dampness favoring the propagation of diphtheria is important, and he relates a method of investigation followed by him for the purpose of determining this point.

“The following inquiry was directed to be made by the State