

end of the finger became painful, a small abscess being found under the nail. This was opened, and the pus removed, which on being examined by Ehrlich's method, was found to contain three tubercle bacilli. The cavity was cleaned out and disinfected with alcohol. So far there have been no general symptoms.

In a paper by Dr. Thomas More Madden, of Dublin, for the recent meeting of the British Medical Association, he said: As I formerly pointed out, and the observation is now more applicable than was the case ten years ago, the acute forms of tuberculosis common during childhood resemble the infective diseases in their origin from a specific germ, whether generated in the body or introduced from without. The latter is probably the case in the tubercular diseases prevalent among the children of the poor, in whose dietary various forms of preserved foods now enter largely, as it seems difficult to conceive any certain guarantee that the cows furnishing the supply may not, in some cases, suffer from tuberculosis, this disease being very prevalent and not materially affecting the quantity of milk.

THE N. Y. Medical Times says: The fact that the bacillus of putrefaction is destructive to other forms of microbes, is said to do away with the generally accepted theory that infection from the air and water of cemeteries is to be created. According to the National Druggist, Esmarch concludes after thorough examination, that no form of pathogenic microbe now known, survives for any length of time in the dead body, and the more active the putrefaction, the shorter the survival of the microbe.

AS FURTHER LIGHT on sulphur disinfection, referred to elsewhere, Dr. Baker, secretary Michigan Board of Health, has written to the health officer of Detroit a letter, called forth by a rumor that the latter was about to dispense with the use of burning sulphur in the disinfection of the rooms and appurtenances of persons affected with diphtheria. It will be remembered that the efficacy of such fumigation has lately been denied in case the sulphur fumes are not mingled with the vapor of water. Dr. Baker maintains that the few laboratory experiments on which this contention is founded should not be held to outweigh the experience of health officers in the restriction of diphtheria. He states, moreover, that it is not necessary to use water with the sulphur, but that the essential thing is to use enough sulphur—three pounds for each thousand cubic feet of space, at least.

IN Boston the process of disinfection is to close up the apartments to be disinfected, tightly,

and to burn *four pounds* of sulphur to each *1,000 cubic feet* of space, evaporating water with the heat of the burning sulphur, and keeping the room closed for ten hours. In case of small-pox this is all they ordinarily do; but in case of diphtheria, scarlet fever and typhoid fever, where the sputa or some other of the secretions may have become fixed and dried upon articles or surfaces in the room, and, moreover, where a stronger germicide is required for the sporebearing germ which is likely to become so fixed, they rub the walls, floors, and other hard surfaces with a solution of bichloride of mercury—1 to 500—and boil one hour articles of clothing and bedding.

ON THE ETIOLOGY OF DIPHTHERIA, Dr. Thursfield read a paper at the recent Congress of the Sanitary Institute of Great Britain, in which he showed that there had been a steady increase in the mortality from this disease, due apparently to its greatly increased prevalence in large towns. The death per million from diphtheria had risen in London to 346, and in the twenty-seven other largest towns to 162, while in rural England, which formerly suffered more than the towns, it was 159.

DR. THURSFIELD while admitting that the majority of cases of diphtheria are to be traced to direct infection, considers that in a certain proportion of the outbreaks the disease is evolved under favourable circumstances from sore throats of a catarrhal nature, and apart from any influence of what were known as the filth nuisances. *Structural dampness of habitation* is the condition of all others most favourable to the incipience, the severity, and the spread of diphtheria, and to the persistent vitality of the germ of the disease. As to the last point, he had repeatedly found, when there was no evidence of importation, that there was a history of a previous outbreak in the same house, often with a long interval of years, and he therefore hesitated to put a limit to the time beyond which revivification of old germs should be considered improbable.

ON TYPHOID fever, and its so called spontaneous origin, Dr. Thursfield, at the meeting last month of the British Medical Association said Although it is only on inferential evidence that cases can be said to owe their origin to the revivification of old germs, in many such cases the evidence is overwhelming, whilst in others such a source can only be suspected. I am confident that this is a much more frequent source of outbreaks of typhoid fever than is