ten days, ranging between 100° and 101° in the morning and between 102° and 102-8° in the evening most of that time, the maximum being usually attained at or soon after six o'clock in the afternoon. On the seventh day of this renewed fever, at 5.55 p. m., when the temperature was 101-8° and apparently tending toward the usual evening rise, five grains of antipyrine were given and a little later a cold pack was administered. At ten o'clock the temperature was 100-8° and at four o'clock in the morning it was 92-2°. By 1.15 p.m., however, it had risen to 101°, and at 6 p. m. it was 100-8°. The next morning it was 99-4°, and rose to 100-8° in the evening. A like rise occurred on the following evening, and after that there was a fall to 98°, with never again any elevation. All this time desquamation was proceeding rapidly, and no local complication that could account for the rise of temperature was observed. In spite of the fever, the child's general condition was good; the urine was abundant throughout and contained no albumin. The subsequent progress of the case was favorable. Dr. Clarke is inclined to think, with Bouveret, that in such cases the continuance of fever is due to the action of a toxine of scarlatinal origin, probably producing a disturbance of the nervous centers.

IS CANCER CONTAGIOUS?—W Roger Williams writes on this subject in the *British Medical Journal* of May 26th, as follows:

As an example of the alleged epidemic occurrence of cancer, Fiessinger has adduced the following group of cases: In a certain village a woman died of cancer of the breast, and within a comparatively short space of time two other women, lodging in the same house, died also of cancer—one of the rectum, and the other of the vulva. After a certain time two neighbors also died, one of cancer of the stomach, the other of sarcoma of the leg. On the strength of some exceptional coincidences of this kind, without any other requisite data, the exaggerated conclusion has been drawn that cancer is an epidemic disease, and such groups of cases have been styled cancer epidemics. If the alleged epidemiology of cancer has no surer foundation than this to rest on, the less said about it the better. It will be time enough to entertain such surmises when the cancer microbe has been discovered. What to my mind completely negatives these assertions is the sigificant fact that in the crowded cancer wards of the Middlesex Hospital during the last twenty years, not a single instance is known in which a sister, probationer, nurse, ward servant, surgeon, student, or any one engaged in attendance on the cancer patients, has ever subsequently developed the disease.

The question of the prevalence of cancer in Normandy has lately been investigated by a committee of thirty-five local practitioners, and their conclusion is, that although the disease is undoubtedly unduly prevalent in certain remote hamlets—probably in consequence of heredity—yet when the whole of Normandy is taken into consideration, cancer is no more prevalent there than elsewhere in France.

In this connection we ought to bear in mind that many other diseases besides cancer—deaf-mutism for instance—present similar geographical and topographical variations.

LIGHTNING AND THE TELEPHONE.—Robinson, *Annals of Opth. and Otol.*, January, 1893, reports a case of functional deafness and destruction of the membrana tympani caused by an electric shock while using the telephone as follows: A man, aged forty-five years, had the receiver of a telephone to his ear when a flash of lightning appeared, and he fell unconscious to the floor, remaining so four minutes. On regaining consciousness he had very severe pain in the left ear and left face, left breast, arm, and leg. The intensity of the pain diminished in four hours. The senses of taste and smell were impaired. Field and acuity of vision normal. The left membrana tympani was almost totally destroyed, the edges of the remainder being ragged, uneven, and congested. There was no discharge, but the mucous membrane of the middle ear was swollen. Hearing for the watch = 0. A C tuning fork was heard half an inch by aerial, and less well by bone conduction. Two months later he began to regain his hearing, and the membrana tympani was being rapidly restored. Thirteen months after the accident the condition of the ear was almost entirely normal.

STERILIZATION OF HYPODERMIC SOLUTIONS.—D. Marinucci, *Druggists Cir. and Chem. Gaz.*,