

tina, etc., are not diphtheria, as the bacteriological examination would show. Other bacteria are frequently, but not constantly found. Diphtheria may be communicated from animals to man, and *vice versa*, also by milk."

Bacteriological research has not so far proved to be of such value in diphtheria as in tuberculosis, the bacillus of the latter being now stained and seen in five minutes by any practitioner who cares to take the trouble, and in suspected incipient phthisis no one should neglect the microscope as a means of diagnosis. Cases of arrest, if not cure, of the tuberculous process in the lungs, are not at all rare under proper treatment, even after yellow elastic fibres and bacilli had been found in the sputum. Still, such conclusions as those of Dr. Welch are valuable, if not as yet for purposes of diagnosis, certainly as furnishing indications for treatment. Firstly, being a poisonous focus, local germicidal treatment is urgently called for, best of all, perhaps, hydrogen peroxide, the eighteen or the fifteen per cent. solution in spray, as being very little irritant to the patient, and an effective bactericide. And, secondly, since a constitutional poison is circulating in the blood, it should be destroyed. As antidotes for this purpose do not yet exist, the next best course is supporting treatment, by which the vitality may be spun out till the poisonous process has exhausted itself, the culture having run its course. A scientific basis for treatment is thus established.

#### VENEREAL LEGISLATION.

We notice that the State of Massachusetts, in a very commendable spirit, has recently enacted legislation, endeavoring to control the spread of syphilis, by causing a rigid examination to be made of all the inmates of jails, penitentiaries and other public institutions of the Commonwealth. Those evincing any signs of the disease are isolated and placed under treatment until, in the opinion of the surgeons, no further danger is to be apprehended. It would be an excellent thing if the Canadian Government would follow the same plan; for few, even among the profession, have any idea of the amount of specific disease that lurks in our large cities.

Let but a single case of small-pox appear, and

the country is up in arms, at a moment's notice, while, owing to the mock modesty of a certain set of puritanical Pharisees, the much greater evil is allowed to spread its loathsome germs unchecked, bringing misery into thousands of homes in the Dominion and menacing the health of future generations. A case of syphilis which has recently come under our observation, may be of interest to our readers, as it presented several peculiarities not commonly met with.

Mr. A—, of Alberta, a strong, healthy-looking young Englishman, about 26 years of age, presented himself for treatment in the early part of July, 1890, suffering from gonorrhœa, due to unclean connection with a woman from Montana, the previous week. The usual remedies were given for about two weeks, when a small sore made its appearance upon the prepuce, rapidly assuming the characteristic appearance and induration of a Hunterian chancre, whereupon the diagnosis of syphilis was made, and the patient sent to Banff Hot Springs, where he remained but a short time, going out to the coast for a trip, returning home in about three weeks, suffering from the secondary manifestations of the disease—severe sore throat, mucous patches in the mouth, and a rapid loss of hair from the head, eyebrows and moustache, which had been preceded by a transient roseola before leaving British Columbia.

This brings us to the middle of August, when a macular eruption made its appearance on the limbs and body, becoming papular within a day or two, and of the lean-ham color peculiar to syphilis. A few days later, these became covered with minute scales, which were soon shed, leaving the skin clearer and more healthy looking, so that prospects for an early recovery looked bright.

Then the patient complained that it hurt him to walk, and upon examining his feet it was found that the soles and toes were covered with minute blebs, filled with a greenish-looking fluid, which rapidly increased in size until the sole was one large blister, filled with a horribly fœtid serum. Next, the hands exhibited the same condition of affairs, the large pemphigus-like bullæ almost hiding the normal shape of the palms and fingers. While this had been going on, the body once more became covered with a scaly eruption, being of a lobster-like redness, approaching a condition of pityriasis rubra. These minute scales were cast