

we called at a farm house where a young man was suffering from phthisis. The house was dirty and ill-ventilated. The young man was attempting to expectorate into the stove. A part of his sputa fell on the damper and was drying there. There was evidence to show that the floor had also been used as a receptacle. In a short time the young man died. Within one year the father, a strong man, succumbed to tuberculosis. Need such instances be multiplied?

Who is to blame? Are the members of our profession, who are aware of the contagiousness of this "white plague" which is carrying one-seventh of our population to the grave, alive to their duty? Is it not time that greater provision was made for the public safety? Should not receptacles be placed in public places and conveyances for the convenience of the afflicted members of our community who are able, and have the liberty to go about transacting their business?

We are sure that if public attention be aroused to this tremendous danger, the means of its mitigation will easily be found.

Fistula in Ano.

It is now the opinion of those best versed in rectal surgery that in nearly every case fistula in ano has its commencement in an abscess in the region of the rectum, or ischio-rectal fossa.

These abscesses are of two kinds: the acute, or inflammatory, and the chronic, or cold. As to the locality there are three main sites: the abscess that forms at the margin of the rectal orifice, those that form in the tissue around the rectum usually some distance off, and those that form in the ischio-rectal fossæ.

Many methods of treatment have been adopted in the efforts to cure these fistulæ. When there is only an external opening, the sinus can usually be healed by carefully cleansing it out and treating with proper dressings, and using antiseptics to the suppurating cavity.

The complete form is best treated with the knife, by laying open the fistula from the external to the internal opening. All old hardened tissue should be carefully removed, and the rectum thoroughly cleansed out and the wound packed with iodoform gauze. Some surgeons now advise rendering the rectum thoroughly aseptic, and opening up the fistula, removing all diseased tissue and clearing out all arms or pockets. The wound should then be closed carefully. By means of a half-curved needle, cat-gut sutures are placed close together down beyond the base of the fistula, so that they do not appear in the wound. The hole is again washed out with bichloride,