TABLE V.—*Effect of Drying on the Virulence of Tuberculous Sputum. Specimens of Six Different Sputa were used; the Infected Papers were kept in imperfectly-closed Capsules in the Dark.*

Number of Experiment.	Date.	Animal Used.	Seat of Inoculation.	Quantity of Sputum.	Number of Days the Sputa were kept Drying before Inoculation.	Number of Days after Inoculation.	Degree of Tuberculosis	Remarks.
191 I	Mar. 1894	Guinea-pig	Subcutaneous tissue (leg)	c.c. $\frac{1}{2}$	35	23	II	Distinct retardation of the process.
192 I	Mar. 1894	"	"	$\frac{1}{2}$	35	23	I (II ?)	"
151	Feb. 1894	"	"	$\frac{1}{2}$	1	31	III	No marked retardation.
126	Dec. 1893	"	"	$\frac{1}{2}$	54 (drying very slow)	37	II (III ?)	Distinct retardation.
205 a	June 1894	"	"	$\frac{1}{10}$	25	37	III	"
205 b	June 1894	"	"	$\frac{1}{10}$	25	—	III	"
58	April 1893	"	"	$\frac{1}{10}$	16	43	III (IV ?)	"
10	June 1892	"	"	Very small $\frac{1}{2}$	A few days	45	0	Result not explained.
12	June 1892	"	"	"	"	80	III (IV ?)	Distinct retardation.
6	June 1892	Rabbit	Peritoneum	1	"	84	Local	—

carry out the disinfection.⁶ It must be remembered that the experiments of Schill and Fischer are unfavourable to the use of perchloride of mercury.

3. Light is, in the case of the tubercle bacillus, as it has been proved by several observers to be in the case of other organisms, the most important natural disinfecting agent.

The four diagrams on page 354 show the lymphatic ganglia and viscera affected at various intervals after inoculation. In all cases the skin on the inner aspect of the left knee was inoculated with tuberculous matter. Each diagram corresponds to one of the degrees adopted by S. Delépine for descriptive purposes. The degree being indicated by the figure at the foot of the diagram (I, II, III, IV). In each diagram the tuberculous glands are black and their size is given approximately (a little less than half natural size).

ON SOME CASES RESEMBLING SCARLATINA WHICH OCCURRED IN THE PARISH OF FULHAM.

By ROBERT LEE, M.D., F.R.C.P.

Soon after publishing a letter addressed to the Chairman of our Sanitary Committee in the Parish of Fulham, Mr. J. R. Hill, on some doubtful cases of scarlatina, I received two letters—one from Dr. Samuel Wilks, the other from Sir George Johnson—which I think are of sufficient importance and interest to justify me in publishing them to the profession, and this the more particularly so, as it seems as if we are likely to meet with cases, such as those I have described, of very doubtful nature, resembling in some respects scarlatina and diphtheria, yet differing from them in origin, clinical symptoms, and the course of the disease. Some of us have had the impression in Fulham that drain air was the cause of the trouble, and that it becomes a matter of great importance to ventilate the drains through pipes of such height as to carry the sewer gas out of danger to those who might inhale it, instead of by openings in the middle of roads. Whether this view be true or not requires further observation.

This difficulty can be overcome (S. D.)

In my letter to Mr. Hill the chief points in the cases were briefly stated: The disease began in one case on March 31st, 1894. "The next day the tonsils were both swollen, and the left side ulcerated, the colour being greyish and somewhat of diphtheritic appearance" . . . "On the next day, the left ulcer was healing, the right ulceration increasing." Two days later the throat healed, and the day following the patient was well enough to go out. His wife, on the evening of the next day, began in exactly the same way as the husband, but two days after an eruption singularly like that of scarlatina appeared on the face and neck. She was convalescent at the end of the week. Others in the house suffered in the same way. This will give a slight idea of the nature of the cases referred to in the accompanying letters.

Dr. Wilks's letter was as follows:

"Dear Dr. Lee,—Many thanks for your interesting pamphlet. Such cases suggest whether various modifications of specific disease may exist. This I think unlikely, and therefore probable that there are other specific forms of disease not yet recognised.

"When I was a student, Addison discoursed on common continued fever. This now contains at least four different diseases.

"Some years ago I published a number of cases with symptoms I had not before observed, and suggested that the disease was new. Under the name of "plague" I do not think we necessarily have the same disease as the Plague of London or the Plague of Athens. These are gone as is the sweating sickness. If all these infectious diseases are due to morbid germs I suppose fresh ones might appear and others depart just as the different blights affecting the vegetable world. I believe new or hitherto unrecognisable blights do certainly appear. The last epidemic of influenza was not exactly like the preceding.—Yours faithfully,

(Signed) "SAMUEL WILKS."

I have made no mention in my letter to Mr. Hill of two cases detailed to me by the physician of one of our largest hospitals, where the first case was supposed to be diphtheria, the second case scarlatina, and were notified accordingly. The two patients were nurses, and the first case was nursed by the second. In my friend's opinion neither were cases of scarlatina or diphtheria. The great point of importance is whether the conditions of this great city are such that we cannot avoid the development of organic poisons of more or less fatal effect.

Sir George Johnson's letter shall now be given:

"11, Savile Row, W. November 6th, 1894.

"Dear Dr. Lee,—I have read your remarks of cases of sore throat etc. with much interest. My belief is that the first case was the result of sewer poisoning, and the subsequent cases were caused by infection from the first. It is, I think, evident that they were not cases of scarlet fever. I suppose that sanitary defects within the house were looked for.

"I am sending a paper of mine from which you will see that I have traced various forms of disease to sewage poison.—Yours very truly,

(Signed) "GEORGE JOHNSON."

These two letters were to me very satisfactory, coming as they do from men of such character and experience. I need hardly point out that as there are heavy penalties imposed on the members of the profession for not certifying contagious or infectious cases, there is a great danger that an opinion may be too rashly formed, and patients sacrificed in a very serious manner.

From a study of medical literature from the time of Dr. Willis to the present day it is probable that the view will be taken that some diseases which disappeared years ago are coming back. On this point I may at some future time have the pleasure of offering some remarks.

At a meeting of the Court of Governors of the University College of South Wales, a suggestion of the Senate to establish a public health department was approved, and a deputation was appointed to wait upon the Chancellor of the Exchequer with the view of obtaining a grant of £100,000 for new college buildings, which it is expected will cost altogether about a quarter of a million.