

inated. What more can be done to enforce it? Why not make the teaspoonful, etc., conform to the decimal system, instead of the opposite course? Why derange the decimal system? I do not see the connection between a deci-milligram (?) and a teaspoonful. In the metric (or decimal) system the meter is the unit of length, the liter is the unit of capacity, and the gram is the unit of weight

A gram is	15.43	grains.
A decigram is	1.543	"
A centigram is1543	"
A milligram is01543	"

A deci-milligram would be .001543 grains, or expressed in fractions it would be 1543-1,000,000 of a grain.

A teaspoonful is a measure of *capacity*, not *weight*, and is usually given as 1 *fluidrachm*. Now what I fail to detect is the connection between 1543-1,000,000 of a grain and a teaspoonful or 1 *fluidrachm*. Will the Doctor explain himself? And, beside, to be in conformity with the metric system, would it be proper to say a deci-milligram, when the *unit* of weight is a *gram*, not a *milligram*? I am of opinion that deci-milligram will *not* do, but that it would take another word to express what he means.

I am very sorry the Doctor wrote his letter, as the U. S. Pharmacopoeia is now completely annihilated and we shall hear of it no more!

SAMUEL KENNEDY, PH.G., M.D.

To Bacteriologists.

MINNEAPOLIS, MINN., May 14, 1895.

To the Editor:—Will you kindly state in your next issue that a vacancy exists in the Chair of Bacteriology in the College of Medicine and Surgery of the University of Minnesota. Applicants for the vacancy can apply to Prof. Thos. G. Lee, chairman of the committee to nominate a person to fill the vacancy.

PERRY H. MILLARD, Dean.

PUBLIC HEALTH.

Disinfection of Localities.—MM. Laveran and Vaillard announce that from their experiments they believe the best method of disinfecting the walls of habitations consists of first washing the walls with soapsuds, then with a 5 per cent. carbolic acid solution or 2 to 1000 of sublimate, acidulated. In all localities which are exposed to frequent soiling—hospitals, barracks, schools, hotel rooms, etc., the walls should be of impermeable material, easy to clean and disinfect. If sprays are used the liquid should be made to stream along the walls, but in this way the disinfection is often imperfect. The carbolic solution is preferable to the sublimate it seems.¹

Fencing from a Hygienic Standpoint.—According to Leconte fencing is a hygienic exercise of the first rank and even a curative means for certain deformities. This exercise should be practiced in a well ventilated room, under the direction of a *maitre d'armes*, who insists on the correct execution of the movements and unrestrained postures. It is indispensable to use the left hand also, in order to develop the two sides of the body equally. Under the influence of this exercise the muscles develop, the joints and spinal column are suppld, the respiratory, circulatory and digestive functions are rendered active; nutrition and the nutritive changes are stimulated at the same time as the cutaneous functions. Fencing has given excellent results in hysteria, chorea, migraine, hypochondria, insomnia, obesity, gout, rheumatism, constipation, and chlorosis. It assures recovery from scoliosis and from stiff joints following immobilization, and corrects certain cachectic deviations of the lower limbs.²

Sanitary Climatology.—Circular No. 4, of the Weather Bureau, containing information relative to the investigation of climate on health, previously noted in the JOURNAL, furnishes blank forms of the reports desired. They seem to be

simple, compact and yet sufficiently comprehensive. Supplies of the forms and of the blank envelope may be obtained by those interested on application to the Bureau. It is intended to collate the vital statistics thus obtained with the meteorological statistics by general averages and by particular and selected events, as the comparison of the general mortality with the average conditions of the weather for the week, and the passage of storms and cold or hot waves, the appearance of epidemics, etc. Also, in instances of well-defined weather disturbances, comparisons of vital and meteorological statistics will be made by daily periods. For example, a storm appearing in the western part of the country, will be followed day by day, as it passes eastward across the country, and the illness and deaths reported for these days from the localities traversed will be compiled and compared with the same kinds of facts reported both before and after the storm. The same plan of treatment will be pursued in dealing with hot and cold waves. By these methods it is hoped to be able to give in time, definite information as to how and how much the accidental and constant variations of the weather affect the sick and well, and in what way the present forecasts and weather charts can be used in both curative and preventive medicine.

Health Reports.—Sanitary reports to the Supervising Surgeon-General, Marine-Hospital Service:

SMALLPOX—UNITED STATES.

Arizona: Nogales, May 12, 1 case.
Missouri: St. Louis, May 4 to 11, 11 cases, 2 deaths.
New Jersey: Hoboken, May 4 to 11, 1 case.
Ohio: Cincinnati, May 10 to 17, 5 cases, 3 deaths.
Pennsylvania: Philadelphia, May 4 to 11, 2 cases, 1 death.
Wisconsin: Milwaukee, May 4 to 11, 8 cases, 1 death.
Virginia: Staunton and vicinity, to May 19, 59 cases.

SMALLPOX—FOREIGN.

Belgium: Antwerp, April 13 to 27, 3 cases, 1 death.
China: Hong Kong, March 31 to April 1, 1 case.
England: London, April 27 to May 4, 1 case, 1 death;
Manchester, April 20 to 27, 1 case.
Germany: Prague, April 20 to 27, 4 cases.
Holland: Rotterdam, April 27 to May 4, 3 cases, 3 deaths.
Ireland: Dublin and suburbs, April 27 to May 4, 17 cases, 2 deaths.
Russia: Moscow, April 20 to 27, 2 cases; Odessa, April 20 to 27, 5 cases; St. Petersburg, April 20 to 27, 7 cases, 2 deaths;
Warsaw, April 13 to 20, 1 death.
Scotland: Edinburgh, April 20 to 27, 5 cases.
Turkey: Constantinople, March 1 to 31, 97 deaths.

CHOLERA—FOREIGN.

Japan: Hiogo, April 13 to 20, 1 case.
Turkey: Constantinople, March 1 to 31, 60 deaths.

YELLOW FEVER—FOREIGN.

Mexico: Vera Cruz, May 2 to 9, 3 deaths.

Yellow Fever.—A dispatch of the 18th inst. from Havana says that the stories circulated in regard to the prevalence of yellow fever among the troops operating against the insurgents are greatly exaggerated. According to the official records there were only 27 deaths therefrom reported up to May 18, although 200 soldiers had been treated for various diseases. *Per contra*, Surgeon-General Wyman, of the U. S. Marine-Hospital Service, on his return from a tour in the South which was extended as far as Havana, reports that yellow fever is quite prevalent on the island, especially about Santiago. Dr. Wyman personally visited several of the United States quarantine stations along the Gulf of Mexico and along the Atlantic coast north of Florida. Arrangements were perfected all along the seaboard as far as possible for a rigid enforcement of the United States quarantine regulations. Dr. Doty, Health Officer of the port of New York, confirms the assumption that the deaths on the steamship *Hogarth*, from Santos, were from yellow fever, and the disease, of a severe type, is epidemic at that Brazilian port. The action of Dr. Porter, State Health Officer of

¹ Jour. de Pharm. et de Chim.

² These de Paris.