

subject is clearly one of such national importance as to merit the most thorough inquiry. We could wish that at the same time it might be possible to investigate the state of public telephones. The telephone apparatus in call-offices is often in a deplorably filthy condition. Mouthpieces are constantly found dripping with the condensed breath of previous users, of foul odour, and indescribably dirty. Call-boxes are commonly placed in dark, unventilated corners; the air in them stagnant, and sometimes stinking; they are rarely or never properly aired, and, judging from the appearance of the floors, seldom cleaned. In short, these public call-boxes are incubators for disease; and as recent investigations have clearly demonstrated that many receivers are receptacles of tuberculous material, it is no exaggeration to say that the neglected, unhygienic telephone may be of ætiological importance in spreading consumption. The least that should be done would be to provide for the adequate airing and proper disinfection of all public telephones. This is a subject which should receive the attention of all Medical Officers of Health in London and other populous centres.

### TUBERCULOSIS AMONG LAUNDRY WORKERS.

The study of tuberculosis in relation to occupation is a subject of the greatest practical importance. By the supervision of dangerous trades much is being accomplished towards the extermination of many serious diseases. This is particularly true in regard to pulmonary tuberculosis.

Professor Thomas Oliver, in his recently published work on "Diseases of Occupation," draws attention to the much greater liability to consumption evidenced by laundry workers than women following other employments. It would seem that in the Clapham Infirmary of the Wandsworth Union, one in every eleven laundresses was the subject of pulmonary phthisis, while among female patients who had not been engaged in laundry work the proportion was one in nineteen. In the Isleworth Infirmary the numbers were one in ten and one in twenty respectively. The experience of Professor Landouzy, of the Hôpital Laennec, goes to show that Parisian laundresses suffer from tuberculosis in much the same way as do London laundry workers. Surely the causal factors contributing to this high death-rate from tuberculosis among laundry workers calls for thorough investigation. Dr. Oliver mentions as contributing causes the hard nature of the work, repeated pregnancies, bad hygienic conditions of the laundries, poor feeding, the intemperate use of alcohol, but mainly infection, "to which the workers succumb often after eight or ten years of service." This infection seems to occur from the inhalation of dried

bacilliferous dust. Dr. Oliver claims that all infected clothing should at once be placed in a tank containing water and some such antiseptic as cyllin.

### HEREDITY AND TUBERCULOSIS.

In the pursuit of the problems connected with the infectivity of tuberculosis, pathologists and physicians have during recent years too much neglected the scientific study of the relationship of heredity to the disease. The researches of such non-medical investigators as Professor Karl Pearson and Professor Arthur Thomson have done much to arouse interest and quicken study in regard to this important matter. The latter writer, in his new and brilliant work on "Heredity," deals with the problem in a peculiarly attractive and informing manner, and his conclusions are so well expressed that we venture to quote them: "Besides the transmission of a constitutional vulnerability, besides the rare occurrence of ante-natal infection, besides the likelihood of household infection, besides the persistence of conditions of life which favour the disease—are there any other factors? There are probably two others. On the one hand, a seriously tubercular mother may be unable adequately to nourish her offspring before and after birth, and the ill-nourished offspring becomes the more readily the prey of disease. On the other hand, it seems likely that the bodily disturbances induced by tubercular disease in the parents may prejudicially affect the vigour of the germ-cells themselves, and thus lead to the production of inferior offspring."

Sir William Whitla, in his new "Practice and Theory of Medicine," recalls instances in which one young member after another of a large family in a small Irish homestead was compelled to push out abroad into different climates, and where each died of phthisis at middle-age or beyond it. "In one remarkable case twelve members succumbed in this manner, though several of them had left home before their successors were born, and some lived to the age of forty." Sir William suggestively points out that in some cases "the disease may resemble a family disease and not an hereditary one, in so far that both parents may survive their entire offspring and die at extreme old age, the predisposition being transmitted, as in the case of bleeders, by one or other or both of them."

Considerable attention has very wisely been devoted to the characters of the tuberculous seed. It is equally important, however, that thorough scientific investigations should be undertaken with regard to the characteristics, both inherited and acquired, of the tuberculous soil.