

parison of the excretion of urea shows that the percentage, in these cases only, equals the lowest percentage in their normal pregnancies. Should this prove correct upon further examination, the balance of urea must be got rid of by other organs.

IODOFORM-ETHER IN CERVICAL CATARRH. (*American Journal of the Medical Sciences*).—Doleris speaks highly of local applications of iodoform-ether in cases of obstinate cervical endometritis. The iodoform is thought to exercise an antiseptic action, while ether, by causing strong contraction of the tissues, forces out the contents of the diseased glands.

VOMITING OF PREGNANCY. (*American Journal of Obstetrics*).—W. S. Gordon suggests the theory that the nausea and vomiting of pregnancy may be due to impoverishment of the maternal nervous system by the withdrawal of phosphorus for the growth of the uterus and its contents. To substantiate this belief he cites the facts that nausea is most intense in the morning when the mother has been longest without food, and is relieved by the morning meal; that it is most severe in the first half of pregnancy when foetal development is most rapid; and that there is a diminished elimination of phosphorus by the kidneys. The treatment indicated by this hypothesis includes careful attention to the digestive organs, persistent or forced feeding and the administration of phosphorus in the form of hypophosphite of calcium and sodium with bromides or other nerve-sedatives.

KEDAR NATH DAS, M.D.

HYGIENE.

CIRCULAR LETTER RELATING TO POST-EPIDEMIC DISINFECTION AND AERATION ISSUED BY THE SUPERVISING SURGEON-GENERAL, U. S. MARINE HOSPITAL SERVICE (*Public Health Reports*, December 3rd, 1897).—*House-to-house inspection* is recommended to obtain (giving number and street when practicable) complete lists of every kind of building in which yellow fever occurred, or where suspicious disease existed during the past summer and fall, the city or town to be divided into districts.

Every part of the premises must be carefully inspected, including the rooms, basements, cellars, passages, closets, and garrets; the sinks, drains, cesspools, latrines, privies, or water-closets; the stables, sheds, outhouses, pens, &c. The inspection is not only for the purposes of disinfection, but includes the inspection of all streets, alleys, and byways, and an examination into the water-supply, the proximity of wells, cisterns, and springs to suspicious surroundings; to ascertain the number of persons exposed to or who may have contracted the disease, and the result in each case; deaths, burial and under what pre-

cautions; recoveries or removal to another locality, city, town or place in order that necessary action may be taken.

General disinfection.—Disinfection is to be begun as soon as practicable after inspection. Removal of refuse, garbage, &c., the destruction of old rags, and other worthless materials wherever found be included in the work of disinfection. All parties are to be informed that the disinfection contemplated is harmless to houses and their contents, even to the most delicate fabrics.

Disinfection of houses.—For this purpose formaldehyde generators, or lamps, are recommended. All the contents of houses, including wearing apparel, should be spread about the rooms; bedding or mattresses, not used by the sick, should be placed upon chairs or tables, or, better still, hung up in the yards and beaten; soiled bedding and mattresses used by the sick should be steamed or destroyed; trunks, closets, and bureau drawers, and all closed receptacles, should be opened and their contents exposed.

Aeration.—Both before and after disinfection the houses should be opened and thoroughly aired.

Disinfection of stables, pens, &c.—The use of bichloride of mercury solution, 1—500, or carbolic acid solution, 50 parts to 1,000 parts (applied by means of a spray), is deemed sufficient if all exposed surfaces are completely saturated. Privies may be disinfected by chloride of lime or strong solution of carbolic acid. Precautions such as these it would appear can only be safely taken against the spread of dangerous epidemic diseases in civilised countries. In some countries they would be regarded as a grievance, disturb the public tranquility, and endanger human lives.

THE SANITARY ASPECTS OF UTOPIA. (*The Sanitary Record*).—Mr. H. H. Spears in a paper entitled as above, quotes the following from an address by Dr. Richardson in which he attempted to depict the glories of "Hygeia: A City of Health:"—

There are 20,000 houses in the city, with the average number of persons per house being five, thus giving a population of 100,000; the density of population being estimated at 25 persons per acre.

Those abominations of civilization, tall buildings, are not permitted, the highest buildings consisting of four stories only, not exceeding 60 feet in height. The houses are built on arches of solid brickwork, railroads are situate underground, and take all the heavy traffic. Trees abound along the public streets, and the spaces at the back of the houses are gardens, "Tell it not in Gath, and whisper it not in the ear of the Askalon builders,"—there are no 4-foot passages at the rear of houses. Streets are paved with asphalt and washed daily; glazed impermeable bricks, perforated transversely, are used for the outside walls, and bricks or tiles for the inside

walls, and ceilings all capable of being cleaned. Roofs are all but flat and used for cultivating flowers; kitchens are situated at the top of the house. Bedrooms are light, roomy and well ventilated, giving each sleeper a cubic capacity of 1,200 feet.

Tailoring, shoe-making, etc., are not carried on in the houses of the artisans—separate rooms are provided. Public laundries are under the control of local authorities. Hospitals are provided for accidents only. The sewage is led on to sewage farms, the doctor failing to foresee the advent of the biological filter. The water-supply is derived from a river unpolluted by sewage, and carried everywhere by means of iron-pipes, lead pipes being absolutely forbidden; ozone is supplied to every house for disinfecting purposes. Slaughter-houses are under public control, the animals being passed painlessly out of existence in narcotic chambers.

Dr. Richardson advocates the disposal of the dead in carboniferous earth with vegetation of a rapid growth cultivated over it. Dr. Richardson concludes that, had this projected city an actual existence, infantile diseases would be entirely unknown. Typhus, typhoid and cholera could only exist temporarily, and by pure accident; small-pox could be kept under control; rheumatic fever and a large proportion of the cases of pulmonary consumption would be prevented. Concerning the amelioration of cancer and allied diseases, the doctor will promise little or nothing, and he thinks that scarlet fever, measles, and whooping cough will still continue to assert themselves. The death-rate would be reduced to 8 per 1,000 or to 5 per 1,000 as prophesied by Chadwick. "Utopia, itself, is but another word for time, and some day the masses, who now heed us not, or smile incredulously at our proceedings, will awake to our conceptions."

C. BANKS, M.D., C.M., D.P.H.

SPECIAL SENSES.

HYPERTROPHY OF THE LINGUAL TONSIL. (*Medical and Surgical Reporter*, November 13th, 1897).—Dr. Martin found 10 to 12% of his patients affected with this disease. The function of Luschka's tonsil is to prevent lodgment of food in the space formed by the base of the tongue and the folds of the epiglottis, to assist déglutition by lubricating, and, by moistening the circumvallate papillæ, to assist in the sense of taste. When hypertrophied it impinges on the epiglottis and causes a sense of constriction and of a foreign body in the throat, pain in swallowing, hoarseness, dry harsh cough, and occasional scanty hæmorrhage. It is associated with anæmia, affects females more commonly than males, and is rare before puberty, which indicates that it is not related to adenoids. It is best treated with local

applications of iodine dissolved in glycerine by means of potassium iodide. If the hypertrophy is very great, the snare or galvano-cautery will be required, care being taken not to injure the epiglottis.

EAR COMPLICATIONS OF INFLUENZA. (*Medical and Surgical Reporter*, October 30th, 1897).—Dr. Eagleton points out the frequency of otitis during and after influenza. Catarrhal cases differ in no way from simple cases. Suppuration cases however present one of three conditions that are distinctive, all probably due to the direct influence of Pfeiffer's bacillus: (1) distinctive types of hæmorrhagic otitis; (2) primary mastoiditis or periostitis before the involvement of the middle ear, due apparently to direct infection by the bacillus and not to extension from the nasopharynx; (3) rapid caries and necrosis of the ossicles or mastoid (very frequent and without marked symptoms). Early, and if necessary repeated, paracentesis and frequently early opening of the mastoid is required to stop the destructive advance of the disease.

THE EAR CLINICS OF BERLIN. (*Journal of Ear and Throat Diseases*, October 1897).—Dr. Carroll writes from Berlin under date September last and says the subject of most interest in the Ear Clinics of Berlin is the radical operation, or laying open of the middle ear, for the cure of old chronic suppuration with or without necrosis or cholesteatoma of the temporal bone. This is also the subject of the book reviewed in the February number of the *Indian Medical Gazette*, and it is no doubt a subject of great interest at the present moment in most of the aural clinics of the world. The Aural Surgeons in Berlin seem to be enthusiastic about it and one of them performs the "radical operation" about three times a week. In Berlin, the Zaufal-Küster (very like Schwartz's operation) method is preferred. In it the operator opens the middle ear from the lateral wall of the mastoid working from without inwards. The minority prefer Stacke's operation of removing the lateral wall of the attic and working from within outwards. It is well to warn any one not to attempt any of these delicate operations until they have made an exhaustive study of the anatomy of the temporal bone and its variations, and have practised the operations first on the dead body; even then their dangers and difficulties will probably not be fully appreciated, until they are performed on the living.

EXPLANATION OF THE ACTION OF IRIDECTOMY IN GLAUCOMA. (*Die Ophthalmologische Klinik*, November, 1897).—Dr. Ch. Abadie, of Paris, regards glaucoma as due to a nervous disturbance conveyed by the fibres of the cervical sympathetic which accompany the 5th nerve. The nervous origin of glaucoma is not of course a new theory: Donders, von Hippel and Grünhagen for instance held that irritation of the 5th nerve,