

similar to those of the dead boy, the owner destroyed her. During the early part of its illness this cat had been let out in the back yard as usual. A few days later, the cat of a neighbor who lived a few doors further off was noticed to be ill. It had also been let out in the back yard at night. This second animal, which, however, recovered, was the pet and playfellow of four little girls, who, grieved at the illness of their favorite, nursed it with great care. All four girls developed diphtheria, their mother being convinced that they got it from the cat; and, indeed, no other known source of contact with infection could be discovered. It is easy to imagine cats catching an infectious illness like diphtheria, when we remember how often milk and other unused food from the sick-room is given to the cat, or by some people thrown out in the back yard for the benefit of the neighbors' cats, if they have none of their own. It is a frequent occurrence to see children carrying cats in their arms and even kissing them. It is obvious that if the cats were ill with diphtheria the children under such circumstances would almost inevitably contract the disease."

**SALICYLATE OF SODIUM IN POLYURIA.**—Dr. Randall reports (*Med. News*) an interesting case of recovery from this disease under the administration of the above drug. The patient was a girl of eleven years, "big for her age, but pale, flabby, and complaining much of cold hands and feet, who had been obliged for weeks to rise repeatedly during the night to void her urine, which was found to measure nine and a half pints in twenty-four hours, and to contain no sugar. Valerian, ergot, and tannic acid were given in succession, or combination, but they did no good. The thirst was difficult to appease, the quantity of urine was as great as before, and the child was weaker and further reduced in weight to seventy-nine pounds. The patient was now given eight grains of salicylate of sodium in aqueous solution after each meal. In ten days there was an appreciable amendment: she had more appetite, she felt stronger. The treatment from this time forward consisted of nothing else than the salicylate of sodium; no restriction being imposed upon the diet. The amount of urine diminished slowly and steadily, until, in November, the daily discharge was two and a half pints. Her color returned; there was no longer complaint of lassitude and of inability to breathe easily. The weight increased to eighty-seven pounds, and recovery became complete."

**ALIMENTARY FOR GOUTY PATIENTS.**—Just what to order and what to interdict in the way of food to gouty patients is often a matter of worry to the physician in charge. The following is by Dujardin Beaumetz in *Rev. Internationale des Sci. Med.*:—Gouty patients may eat all kinds of meat, especially white meats. Use in moderation, eggs, fish, mollusks, crustaceans, and fatty foods. Vegetables should constitute a large part of their diet, excepting gooseberries and spinach, which contain large proportions of oxalic acid. Use with care, nourishing nitrogenous vegetables, such as cabbage and cauliflower; starchy grains, such as peas, and beans. For bread, potatoes should be substituted. Fruits are all admissible, and raisins may mitigate the condition of the feet. As a beverage, water, and particularly water which is slightly alkaline, to dilute light Bordeaux wines and slightly alcoholic white wines. No champagne, gaseous water, strong beer, or alcoholic beverages are allowed. Coffee should be drunk very weak. No tea is allowed, as it contains a large proportion of oxalic acid. The bowels should be kept in proper condition by the use of mineral purgatives. Lotions of the body, massage, and exercise in all forms are advised.

**IODOFORM AND TUBERCLES.**—The idea that phthisis is curable by iodoform has never taken a great hold upon the profession, but the question of its specific utility in that disease may now be considered set at rest. The *Lancet* says that "iodoform, though an excellent antiseptic and bactericide for some purposes, is, according to Rovsing, of Copenhagen, useless as a destructive agent of tubercle bacilli. He has found that the growth of tubercle is in no way retarded by the presence of a very considerable quantity of iodoform. He has more than once inoculated the two eyes of a rabbit with pure and iodoformed tubercle respectively, and has invariably found that the morbid process was communicated to the eye containing the iodoformed tubercle some time before the other was affected, the irritation produced by the iodoform in the tissues appearing to cause them to form a more suitable soil for the development of tubercle than those of the other eye, which were not similarly exposed to irritation."

**NEW WAY OF PRESERVING THE DEAD.**—The *Philadelphia Ledger*, says: "A Pittsburg physi-