

Dr. Amyot, bacteriologist of the Board, gave the results of the analysis of water that had been passed through an ordinary hot-water boiler, attached to a range. The bacterial counts were, he said, decidedly altered for the better, the water being nearly always practically sterile, although it may not have boiled.

**Relations between the Ear and the So-called Naso-Genital Zone in Women.**—A. Heiman (*Gaz. lek.*, 1903, No. 38) has treated several unmarried young women, of ages ranging from eighteen to twenty-seven, and whose complaint consisted of obstinate ear-ache of unknown origin, which could not be relieved by any of the numerous means employed for the purpose. One of the patients having drawn his attention to a coincidence in her case between the pain in the ear and the occurrence of the menstrual period, Dr. Heiman examined her nose, and, finding that the mucous membrane of the part was swollen, he swabbed it with a 20 per cent. solution of cocaine. Immediately the pain in the patient's ears diminished, and after a few more treatments completely disappeared. Cauterization of the inferior turbinated bones by means of the galvano-cautery not only cured the ear-ache, but also the abdominal pains which accompanied the menses. Similar results were obtained in two other cases. On the contrary, in cases in which neuralgia was not of menstrual origin, swabbing the nasal mucosa with cocaine produced no effect. Dr. Heiman concluded that if ear neuralgias are cured by the use of cocaine, the trouble is seated in the naso-genital zone. When this treatment fails, the cause must be looked for in another direction.

**Is it Dangerous to Get Out of Bed in a Hurry?**—Lauder Brunton mentions, in *The Action of Medicines*, that he was consulted once by a physician about what he thought was an epileptic fit. "One morning he had jumped up suddenly out of bed to pass water, and the first thing that he knew afterwards was that he was lying on the floor of his bed-room, with the chamber pot broken in pieces. He thought this was an epileptic fit, and he was in a state of great anxiety about it. It was not an epileptic fit, but it was simply a condition of syncope brought about by suddenly jumping up from the horizontal to the upright position; the effect of this being still further increased by the diminution in the blood pressure in his abdomen through his emptying