

MISCELLANEOUS NOTES AND EXTRACTS.

"DRAIN SORE THROAT."—At a meeting, April 5, 1889, of the Montreal Medico-Chirurgical Society (Mont. Med. Jr. for July), Dr. J. C. Cameron read a short paper on this subject, in which he showed that when a number of cases of sore throat broke out in the same family; and when it was of a marked adynamic character and accompanied with a rash somewhat resembling scarlet fever, there was usually good grounds for suspecting the drainage of the house. He gave the details of ten cases of, sore throat which occurred in one family. Suspecting the drainage, it was examined and a defect in the ventilation of the soil-pipe was discovered. In six of these cases both severe tonsillitis and ulceration almost diphtheritic in character were present. Dr. Blackader said that in his practice about the same time he had twelve cases of tonsillitis followed by an erythematous rash in families residing in the same district. The sore throat in the adults was diphtheritic in character, in the children it was severe and scarlatiniform. The only possible cause common to all the cases was the milk supply. This, however, on investigation, showed nothing to indicate infection. He could not trace the cases to bad drainage, but he did not have the drains inspected by a sanitary engineer, as he certainly would do should he have a similar experience. Prof. Mills had no doubt but that sore throat is frequently caused by open drains. Dr. Spendlove said he was able to trace six cases of tonsillitis with rash to a broken soil-pipe. A separation of two inches was found at one of the joints. Mr. Fleming, Sanitary Engineer, was introduced by the President, and said he had numerous experiences of cases of sore throat clearly traceable to defective drainage. In one family no fewer than eleven were ill. Here he found sewage gas blowing into all the rooms, and the worst case was the one most exposed to the gas, wherever the ventilating shaft of the drain passes through the house, any opening will cause a draught from the pipe into the rooms. He found upwards of 75 per cent., of the best houses in Montreal had defective house drains.

PERSONAL DISINFECTION.—Dr. L. M. Maus, of U. S. Army, publishes the following rules as a preventive measure in scarlet fever, and states that his practice has been founded on personal experience, and

so far has been entirely satisfactory. He believes that we can through the employment of his method of treatment ignore isolation, in cases of mild scarlet fever, and ordinarily permit patients to join the family circle in ten days to two weeks (1) Sponge the patient thoroughly morning and evening with a tepid solution of corrosive sublimate, 4 to 1000, as soon as the eruption makes its appearance (2) Wash the hair once daily with a solution of the corrosive sublimate, of the same strength, and also a solution of borax, 1 to 250. (3) Disinfect the urine, fæces, and expectoration, also the discharge from the ears and nose, if there be any. A solution of the bichloride, 1 to 1,000, is best for this purpose. (4) As soon as the patient is permitted to leave the bed have the body washed with warm water and soap, then sponged with the 1 to 4000 bichloride solution, wiped dry, and anointed with the following ointment: Sodii biboratis and zinci oxid., of each, 4 drams; Ol. gaultheriæ, $\frac{1}{2}$ dram; Vaseline, 4 oz. The hair should be thoroughly washed with the bichloride and borax solution. (5) The patient is then to be enveloped in fresh and clean clothes throughout, and allowed to leave the sick-room if his condition otherwise admits of it. (6) The bed linen, soiled clothes, towels, etc., should be placed in a suitable sublimate solution and boiled, and the room well disinfected with sulphur. The disinfection should be repeated the second day, as the germs are very tenacious of life. (7) Require the nurse or attendant to keep the hair, face and hands well disinfected during attendance, and to likewise make a complete change in his or her garments on date of the disinfection of the sick-room. (8) Continue the provisions of the third and fourth rules once daily until desquamation is complete.

DANGERS IN THE NEIGHBORHOOD OF INFECTIOUS HOSPITALS—REMARKABLE FACTS.

—An official report of the small-pox epidemic at Sheffield, Eng., in 1887-8 has recently been issued. The British Medical Journal says of it: The facts which Dr. Barry has so laboriously collected and recorded in his report, respecting the part played by the Winter Street Hospital in Sheffield, are remarkable and important. The progress of the epidemic is admirably illustrated by a series of maps which ac-