

phuric acid on a mixture of common salt and black oxide of manganese is probably more efficient. But Dr. Smith asserts that methods for purifying rooms in which scarlet fever and diphtheria patients were confined can only be successful if preventive measures be employed during the continuance of the case. These consist in the use of disinfectants in the sick room, or upon the patient from the beginning of the disease. Isolation and disinfection are the measures to be relied upon. The floor and walls of the rooms should be bare; none but doctor and nurse should enter it; all books, toys, etc., used by the patient should afterwards be burned; soiled clothing should be thoroughly disinfected; thorough ventilation secured; the air purified by vaporizing, in broad dish over a gas or oil stove, two tablespoonfuls of the following mixture: carbolic acid, 3i. ; ol. eucalyptus, 3i. ; spts. turpentine, 3vi. ; the vaporizing to be continued uninterruptedly. The body should be anointed every three hours with carbolic acid, 3i. ; ol. eucalyptus 3i. ; olive oil, 3vii. To the pharynx a solution of corrosive sublimate, two grains to a pint of water, may be applied as gargle or spray every two hours. It may also be injected into the nostrils. Articles of clothing should be disinfected. Physicians should be especially careful to preserve their clothing from contamination, and to cleanse themselves thoroughly before visiting other patients. They should impress upon the family the importance of careful disinfection of the room on the termination of the case. In addition to the ordinary measures it is advised to rub the walls of the apartment with slices of fresh bread which gather up microbes, and to wash, whitewash or kalsomine the walls, ceiling or floor with a solution of corrosive sublimate — *Archives of Pediatrics.*

THE BRIGHT'S DISEASE OF PREGNANCY

Dr. James Tyson refers to several important points in relation to this subject. (1) That the prime agency in its production is the irritating effects upon the renal cells of some toxic substance in the blood, probably represented by some combined excrementitious substance from the mother and fetus. (2). That the child plays an important part, is shown from the fact that the evil does not arise until the later months of pregnancy, when it has attained some size and disappears upon the death of the child, though it be not expelled. Pressure upon the renal vessels is believed to have much less influence in the production of the disease than was formerly held, although in the latter months it may aggravate an existing nephritis, or cause some albuminuria. Acute nephritis of pregnancy is more serious than acute nephritis from any other cause, while uremia is the dangerous symptom which is responsible for the fact; so much so, that if this danger be escaped the

prognosis becomes quite favorable, even more so than in acute nephritis from other causes. Convulsions occur in one-fourth of all cases, and about 30 per cent. of the eclamptic cases die, Dr. Tyson believes that this high mortality can be diminished, and relies upon the induction of premature labor for the accomplishment of this result. If serious symptoms from Bright's disease have occurred in one pregnancy, premature labor should be induced in subsequent pregnancies whenever albuminuria appears. In those having Bright's disease before marriage, the premature labor is advised whenever increased albuminuria appear or convulsions threaten. If albuminuria persist after labor, even though the patient passed through her labor safely; it may be well to shorten pregnancy in subsequent cases. No rule can be laid down as to when premature labor is to be brought about; it may generally be delayed until after viability, but large albuminuria, dropsy, intense headache and scanty urine call for immediate action. These symptoms occurring in those married late in life are more serious and need earlier attention. — *Medical Record.*

THE KNEE REFLEX IN EPILEPSY.

Dr. Vasilieff, though not first to notice the fact that epileptic attacks exercise changes on the knee-tendon reflex, has made a slight addition to our knowledge on the subject by a series of experimental investigations, carried on in the laboratory with the help of Marey's chronograph and Bekhtereff's reflexograph, the subject being dogs thrown into epileptic convulsions by electrization of the cerebral cortex. In the tonic period of the attack it was found to be impossible to excite the reflex, owing to the rigid state of all the muscles; in the succeeding clonic stage, however, the phenomenon was well marked. After a violent fit, accompanied by loss of consciousness, the tendon reflex was usually either entirely absent or very deficient in strength, the change occurring within a few seconds at latest after the clonic spasms had ceased. The length of time during which the reflex was absent varied from one to twelve minutes, and it did not regain its normal force for a good while, in some cases not for half an hour or more. Sometimes, however, after it had become normal, a temporary increase in the force of the reflex was observed. It has been noticed by Dr. S. N. Danillo, too, that the knee reflex was absent in dogs in which epileptiform fits had been produced by absinthe. Dr. Vasilieff thinks that these observations may be of value in diagnosing true from spurious epileptic attacks. His paper, as well as those of Prof. Bekhtereff and Dr. Danillo, dealing with the subject of the knee reflex, are published in the *Vrach—London Lancet.*