course of the disease. He quotes the results which Professor von Noorden has arrived at in regard to the elimination of food principles in acute nephritis. This author classes the following among the substances excreted with difficulty: urea, creatinin, pigments, hippuric acid, phosphates, inorganic sulphates. The substances easily excreted are; uric acid, xanthin-bases, aromatic substances, ammonia, amido acids, chlorides and carbonates. As regards water, the important observation is made that in the early stages of acute nephritis water is eliminated with great difficulty; later on this difficulty passes away.

As a result of these observations von Noorden lays down the following dietetic principles for patients with acute nephritis.

I. To be avoided:—(1) Because of creatinin produced: meat extracts, meat broths, eggs; (2) because of pigments produced: foods containing hæmoglobin. (3) Because of hippuric acid produced: green vegetables.

II. To be given sparingly:—(1) Because of urea and sulphates produced: milk; (2) because of irritant effect during excretion: water.

III. To be given with impunity: cream, butter, white vegetable soups, puddings made from oatmeal, flour or maize, white bread.

It will be noticed that the usual exclusive milk diet in acute nephritis is discountenanced and the amount of fluids is limited.

For severe cases in which there is partial or complete suppression of urine with increasing œdema and threatened uræmia, von Noorden allows only a pint of milk a day, and avoids other fluids.

Another matter relating to diet in nephritis is the possible harmfulness of sodium chloride. Dr. Horder mentions the recent work done by MM. Widal and Lemierre, which seems to establish a relation between the amount of salt ingested and the œdema in cases of tubular nephritis. The absorption of 10 grammes of salt each day in two patients suffering from this affection led to considerable œdema. In four cases of interstitial nephritis no such effect occurred. Further observations have been made in this direction, and although it is too early to make a positive statement on the matter, it does seem that salt has a tendency to increase œdema and albuminuria in cases of tubular nephritis.

With regard to the treatment of chronic interstitial nephritis it is pointed out that the dietetic principles differ considerably from those to be followed in cases of acute nephritis. The kidney must be spared as much as possible, but the nutrition of the whole organism must be maintained, and especially must the heart muscle be spared and strengthened. Alcohol, pepper, and other condiments, celery, radishes and asparagus must be avoided, so also must the following drugs: salicylic acid, mercury, boric acid, and tar preparations. Coffee, tea, and tobacco are injurious because of their weakening action on the heart muscle. Red meat is not more injurious than white meat, and neither need be limited. Only small quantities of water should be taken, as large quantities of water absorbed from the intestine can only be excreted by means of a high general blood pressure.

¹ Practitioner, November, 1903.

MACROGLOSSIA.

MR. M. R. JAY¹ records an interesting case of this affection which was apparently cured by the administration of thyroid extract. The child was five months old, stunted in growth, with a vacant look. The tongue was greatly enlarged, and hung down out of the mouth as low as the chin; it was purplish in colour, the upper surface was dry and fissured. The abdomen was greatly distended, the superficial veins were enlarged, and there was an umbilical hernia. Prolapse of the rectum was also present. The skin of the limbs and body was markedly dry.

On an attempt being made to examine the back of the tongue and throat the child ceased breathing, became deeply cyanosed, while convulsive twitchings of the limbs ensued. This was followed by gasping breaths, and a slow return to consciousness, the lividity not completely disappearing for an hour or two later. Similar attacks were of frequent occurrence—one every 24 hours, or oftener. Pulling out the tongue, lifting forward the lower jaw, and altering the child's position seemed to make no difference in the occurrence of the attacks.

There was an uncertain history of a chancre in the father's case nine years previously which was not followed by secondaries.

The child was treated medically for the next four months, mercury inunction and bromides internally being employed. Operation was not thought to be suitable because the base of the tongue was affected equally with the anterior part. However, the child did not improve, and at nine months he resembled a baby of three months old. His apathy, the dryness of his skin and other points led to a trial of thyroid gland treatment. Symptoms of improvement then rapidly showed themselves, and in less than two months the tongue had so diminished in size that it no longer protruded from the mouth. Swallowing and breathing had become practically normal, and no fit of any kind had taken place from a fortnight after commencement of the treatment. Rapid growth took place, and mental apathy disappeared. Mr. Jay concludes from this case that thyroid extract might possibly be used with advantage not only in other cases of macroglossia but also in cases of enlargement of the tonsils, with post-nasal growths and the frequent accompanying symptoms of arrested physical and mental development.

¹ Austral. Med. Gaz., Aug. 20.

OPERATIVE TREATMENT OF TUBERCULOUS GLANDS IN THE NECK.

MR. W. G. SUTCLIFFE¹ emphasises the necessity, when performing an operation for the removal of tuberculous glands in the neck, of completely clearing out the glands, however deeply situated, so as to avoid the recurrences which so often follow incomplete operations. Another important point is to plan the skin incision in such a way that the resulting scar shall be as inconspicuous as possible. No routine incision or operation can be laid down, because the groups of glands affected vary so much in size and situation in different cases. Mr. Sutcliffe

points out that the old incision along the anterior border of the sterno-mastoid leaves a most unsightly scar, especially if the incision be a long one. It is better to make use of Kocher's suggestion whenever it is possible, and place the incision in one of the natural sulci of the neck. There are two such grooves in most necks, running obliquely across from below the lobe of the ear to the thyro-hyoid region. Where the greater part of the mass is in the posterior triangle, an additional longitudinal incision may be made from the posterior edge of the swelling downwards and obliquely forwards to the middle of the posterior border of the sterno-mastoid. In very extensive cases, where most of the glands in the neck are affected, the scar that shows the least is to be made by turning a flap forwards and downwards. The upper of the incisions which marks out the flap is made in one of the transverse sulci mentioned above.

If the patient has already had a previous operation performed, the scar of the old operation should be utilised if possible. When sinuses are present their

orifices should be included in an elliptical incision which is made so as to produce a transverse scar. Any damaged skin in connection with superficial abscesses should be removed with a free hand, it being possible in nearly all cases to sew up the wound after the operation has been completed.

Whatever incision be used, attention must be paid to the internal jugular vein and the spinal accessory nerve. Mr. Sutcliffe is of opinion that it is very rarely needful to interfere with the internal jugular vein. There is a thick layer of fascia constituting the carotid sheath between the glands and the vein, and although the glands may be firmly adherent to the sheath, the sheath itself usually strips off from the vein readily enough.

Great care must be taken to avoid division of the spinal accessory nerve. If this accident happen, the drooping of the shoulder which results is a marked deformity, while considerable loss of power ensues, and, if the patient be a child, lateral curvature of the spine is nearly certain to follow.

¹ Lancet, Nov. 14.

PROGRESS IN STATE MEDICINE.

(Concluded from page 135.)

HOUSING OF THE WORKING CLASSES.

Recent reports⁵ presented to the London County Council show that up to March 31st, 1903, the Council had expended in capital account for dwellings for the working classes, £1,221,754 17s. 7d. The dwellings include 3,532 tenements, 384 cottages, and 324 cubicles in lodging-houses, and accommodate in all 19,628 persons. The additional accommodation which has been provided for the labouring classes, especially in the periphery of London, coupled with improved means of locomotion by electric and other trams and workmen's trains, is beginning to make its influence felt upon the congested areas of the inner zone. The new cottages at Tooting have been largely taken up by those previously resident in Lambeth, Southwark, and other crowded areas. The Newport Corporation⁶ is definitely committed to a proposal for the housing of the working classes. The estimate of the committee for the scheme is:—Cost of lands, roads, and sewers, £1,000; building (66 houses at £125 each), £8,250; contingencies, £750; total (say), £10,000. They think that these houses would be eagerly taken at a rental of 3s. 6d. a week, which would mean an annual income of £600 12s., and out of this there would be the following charges:—Interest and sinking fund (about), £400; rates and taxes, £100; repairs, £30; commission for collecting rents, £15 17s. 6d.; total, £549 17s. 6d. So that if there were the full income of £600 12s., as estimated, and the outgoings did not exceed the estimate, there would be a profit each year of a fraction over £50. The class of tenants which the committee suggest should be catered for comprises men whose average wages are below 21s. a week. Though it is difficult to frame rules for the government of the houses whilst the scheme is in preparation the committee think that such rules, when made, should provide for inspection by the Corporation, to prevent uncleanness; ejectment, without notice, of tenants who use the houses for improper or disorderly purposes, and a payment of 5s. deposit before taking possession to cover loss of keys, and

repairs to windows. There will be 33 houses—that is, separate buildings from floor to roof—with two separate tenements in each, one on the ground floor and one on the first floor, approached by a separate entrance. Each tenement will consist of one living room, one bedroom, a scullery, and a w.c. at the back. The living room of the ground floor tenements will have an area of 97 square feet; on the first floor, 100 square feet; the bedroom on the ground floor, 130 square feet; and on the first floor, 100 square feet. The scullery in each case will be 7 feet 6 inches by 5 feet. There will be an open common yard to each two houses, the size of which will depend on the extent of the site, the width being about 28 feet and the length about 75 to 80 feet. The Local Government Board⁷ has addressed a circular to town councils and urban district councils drawing attention to the provisions of the new Housing of the Working Classes Act, 1903. The provisions respecting borrowing powers and repayment of loans are considerably amended by Section 1 of the new Act. The effect of Sub-section 1 of this section is to extend the maximum period for the repayment of loans raised for the purposes of the principal Act, or any Acts amending it, to 80 years, leaving the actual period for repayment, subject to this limitation, to be determined as heretofore with the sanction of the board. The next sub-section will prevent any loans raised for the purposes of the Housing Acts from being taken into account for the purposes of the limitations on borrowing above referred to. The Board state that they propose in future, as a general rule, to allow the full term of 80 years for the repayment of money borrowed for the purchase of freehold land, and 60 years for the repayment of money borrowed for the erection of buildings under the Housing Acts, where the circumstances are such that this may be properly done. Where money has been borrowed in recent years for these purposes, they will be ready to consider applications for sanction to the re-borrowing of the out-standing balances for 80 or 60 years (as the case may be) from the date