

corroborative of the substantial accuracy of the earliest views expressed in this journal on the subject. From the published official statements of the Czar's illness, which had been evidently framed out of regard to the natural and legitimate desire for information on the part of His Majesty's subjects, as contra-distinguished from the mere cravings of curiosity, it seemed clear that the symptoms and course of the Emperor's ailment were attributable to a form of Bright's disease—chronic interstitial nephritis or granular atrophy of the kidney—with which, unhappily, the medical profession is only too well acquainted, attended with a progressive cardiac affection and a liability to be complicated at any moment with hæmorrhagic infarction and inflammation of the lung or the manifestation of mischief of a similar kind elsewhere. The perverted condition of the blood induced by chronic or established renal disease and the train of troubles that are liable to follow it are, of course, recognised by the profession everywhere. The protocol which has been signed by the Russian medical authorities concludes by declaring that the post-mortem examination has shown that the immediate cause of death was heart failure consequent upon a degeneration of the muscles and hypertrophy of that organ, in connexion with granular atrophy of the kidneys.

#### TYPHOID FEVER FOLLOWING PARTURITION.

THE October number of the *International Medical Magazine* contains an interesting clinical lecture by Dr. E. E. Montgomery on typhoid fever following parturition, as contrasted with sepsis. He relates the case of a patient who suffered from fever for some time after her confinement, and yet in whom no physical signs of local mischief were discoverable. The possibility that the temperature might have been due to malaria, tuberculosis, or typhoid fever is carefully discussed, and Dr. Montgomery concludes, rather, as it seems to us, on account of the absence of some positive signs of sepsis than from the presence of any positive indications of typhoid fever, that the patient was really suffering from typhoid fever occurring during the puerperium. It is of course quite true that the occurrence of parturition does not necessarily prevent the individual from suffering from other conditions; at the same time it must be remembered that the circumstances of parturition afford very extensive opportunities for the entry of septic matter, and that both the symptoms and physical signs may present very great differences according to the intensity of the poison and the channel through which it is absorbed, or rather, perhaps, according to the tissues in which more particularly its activity is manifested. Of course in the majority of cases there are well-marked local signs, as, for example, in typical cases of pelvic cellulitis or peritonitis following labour. But there is another class of cases where, although undoubtedly the illness is due to a septic process in connexion with parturition, there are no obvious evidences of it to be discovered in the pelvis by physical examination, and no abnormality is noticeable in the discharge from the uterus. In such cases the mischief is due to a localised phlebitis, with the formation of a clot in one of the uterine veins. This condition is attended by a continued fever, the temperature at times running very high; but there may be a complete absence of any pain or any other symptoms, except those necessarily associated with fever. Should the phlebitis extend to one of the trunk veins the nature of the case becomes evident from the occurrence of œdema in the corresponding limb; but, should it not be so, this pathognomonic indication of the morbid condition in progress may be wanting. The œdema may be very late in occurring; it may be delayed till three or four weeks after the delivery, and during the whole of this time there may have been a more or less continuous high temperature; and, again,

the œdema may be very slight, and therefore easily escape notice unless the two limbs are carefully compared. Every gynaecologist meets with patients who have been supposed to have had typhoid fever after confinement, and where the physical evidence that the mischief has been due to localised inflammation definitely connected with the process of parturition is quite clear. We may add that the same is true of small collections of pus in the pelvis, as, for instance, in the case of small suppurating ovarian cysts, or in the case of small ovarian cysts that have not suppurated, round which an acute peritonitis has occurred. Many such patients come with a history of having had typhoid fever, when there can be no reasonable doubt that the fever from which they suffered arose in connexion with the local disease.

#### THE USE AND ABUSE OF TOOTHPICKS.

THE exciting causes of caries of the teeth are invariably external, and among these decomposition of food or of mucus between the teeth holds a prominent place. It follows that removal of such matter must be beneficial. One of the means of accomplishing this is the toothpick, which, judiciously used, is of undoubted value. Food lodges between the teeth from a variety of causes: the extraction of a tooth may lead to those contiguous falling apart and so leaving spaces; improperly filled teeth, such as those left with rough edges or not sufficiently "contoured"—that is, built up to the original configuration of the lost part—will form food traps; irregular position of the teeth or recession of the gums—all these will act in the same way. Attention to the dental toilet before company is certainly inelegant, but it is not necessary here to approach the subject except from a medical point of view. Of the materials used as toothpicks the best is the quill with the sharp point removed, but with this, as with all other forms, care must be observed. By indiscriminate application the gums may be so irritated and injured as to cause recession and thus increase the existing trouble, or inflammation of the tooth membrane may be caused, a most annoying condition, and one in which the still more vigorous use of the toothpick gives temporary relief, only in reality to add fuel to the fire. Metal toothpicks are good because blunt-pointed, but are too thick to pass between teeth at all close together. Wood need only be mentioned to be condemned, for it is a by no means uncommon occurrence for small fibres to become detached and jammed between the socket and tooth, leading to chronic periostitis and even loss of the tooth if the condition is not recognised. An excellent substitute for the toothpick—one having few objections, and one which will save many a visit to the dental surgeon—is antiseptic, waxed, dental floss silk, which, passed between the teeth night and morning, will invariably reveal accumulations which have escaped the tooth brush, however carefully employed.

#### THE MASTER BAKERS AND THE INSANITARY BAKEHOUSES.

IT seems as if even the master bakers themselves have at last realised that the condition of their trade is not as it should be. The twenty-sixth annual meeting of the London Master Bakers' Protection Society was held last week, and Mr. F. C. Finch, the secretary, reported on behalf of the committee. He complained of the publication of sensational articles upon the unwholesomeness of bakehouses, and of the tendency to over-legislation, of which the bakers' trade would endure more than its share. At the same time he added that "it would be idle to deny that there were some bakehouses badly kept, and that some were badly situated and structurally defective." Mr. Finch's main contention, however, was that the law as it stands is sufficiently strong to deal with these grievances if properly