MEDICAL MATTERS.

PRESERVATIVE TRICKS.

"The wily attempts of some persons to escape the vigilance of those responsible for the efficient administration of our food laws are," says *The Lancet*, "well illustrated in a report recently published by the Local Government Board upon the analysis and methods of detection of certain proprietary substances sold as preservatives. Dr. G. W. Monier-Williams has found, for example, that a new preservative, sold under the name of "mystin," for preserving milk and cream, has recently been advertised as possessing the advantage that its presence cannot be detected by analysis. A sample of mystin on analysis proved to contain sodium nitrite 9.85 per cent., formaldehyde 0.30 per cent., and water 89.85 per cent. As Dr. Monier-Williams points out, sodium nitrite is a dangerous drug with a powerful action on the heart. According to the directions given, the addition of this compound to milk would mean that a quart of it would contain two grains of the nitrite, which is the maximum dose of this substance. Further examination of the milk so preserved brought the fact to light that the milk did not respond to the test most generally relied upon by analysis for the detection of formaldehyde in milk, so that in the ordinary routine examination of milk samples for preservatives such a sample might be passed as genuine. Moreover, the presence of nitrite of sodium in milk has not hitherto been suspected. Dr. Monier-Williams finds that the nitrous acid can be destroyed by heating the acidified milk with a little urea, after which it gives the formaldehyde reaction readily enough when that preservative is present. Reference in the report is also made to another proprietary preservative called 'acoine,' which contains sodium benzoate and sodium carbonate. Fluorides and sulphites are also offered as preservatives for milk products. The detection of the latter is easy, but the detection of fluorides is troublesome. Dr. Monier-Williams points out, however, the value of the titanium test, which depends upon the bleaching action of fluorine compounds upon a peroxidised titanium solution, the orange-yellow colour of which is partially discharged in the presence of fluorine compounds." When we remember that delicate infants and sick persons subsist largely on milk, the danger to life of the unwitting administration of unknown quantities of powerful and dangerous drugs is obvious.

The Local Government Board has now issued regulations for the control of the use of preservatives.

CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. Knyvett Gordon, M.B. Cantab.

SCARLET FEVER (*Continued*).

In considering the treatment of scarlet fever we must remember that we have to deal not only with the patient himself, but with his relation to others and to his surroundings; we have to cure, or attempt to cure, the disease, and also to prevent its spreading to others.

We will take the disease itself first, and we will divide the subject into three heads—namely, the mild (and moderately severe) cases, the toxic cases, and, lastly, the septic cases.

The main thing to bear in mind in dealing with a case of average severity is that such an attack does practically no harm to the patient provided that he does not suffer from any of the complications which we have previously mentioned. Indeed, to patients of the poorer class, a residence of six weeks or so in an isolation hospital is often an unmixed blessing; they have good food, freedom from school, from the maternal tongue and the paternal boot, and receive also a lesson in personal cleanliness, which they would otherwise lack. So long, in fact, as they do not carry away with them reminders in the shape of deafness, or permanently damaged heart or kidneys, the patients have not much to grumble about. The treatment of an average attack of scarlet fever resolves itself into the avoidance of complications.

When we come to think of it, all the complications of scarlet fever are due to the action of toxins produced in the throat in the acute stage on organs, which suffer either because they are so close to the throat that they are open to direct infection—as in the case of inflammation of the ears and nose—or because they have been damaged by overwork, as in the case of the kidneys (certainly) and the heart (probably).

Our first care, therefore, must be to diminish the amount of toxin that enters the system from the throat in the acute stage. We cannot do very much in the way of killing the germs, because we cannot reach those which are beneath the surface of the tonsils, so we do not in practice attempt to do so by applying strong antiseptics to the tonsils; moreover, apart from theory, there is abundant clinical experience to show that mild cases treated by swabbing of the fauces with strong chemical disinfectants do not do any better than others, and the process is distinctly painful.

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