

Medical Matters.

DIET IN CHRONIC HEART AFFECTIONS.



Stress has recently been laid by Dr. Iloway on the fact that the stomach may exert an influence on the heart by the way of the vagus and mechanically by contiguity, and illustrates both of these actions by cases. The question of food, therefore, is of importance; and he says, in regulating the diet for cardiopaths, we must be guided by the well-established facts as to the nature of the various cardiac maladies and well-established facts of dietetics. In functional forms of heart disease all irritations of the stomach must be avoided. In organic conditions the mechanical influences also must be prevented. He therefore formulates certain rules: (1) All bulky and flatulent foods must be excluded, only foods that are readily and easily digestible allowed, and all foods so cooked that their digestion is thereby facilitated. (2) All meals shall be small, so that the stomach is not taxed too much nor greatly distended. The intervals between meals must be so regulated that sufficient time is given the stomach to empty itself and to have an interval of rest before the next meal is taken. Diet tables are laid down by the author according to these rules.

COLD FRICTION.

Dr. Leadsworth advocates under this name a procedure which consists in the application to the surface of a body of a series of wet rubbings on one part after another, taken in systematic order until the whole surface has been vigorously reactive. The application is graduated by temperature and the degree of saturation of the mit, which may be made of some rough material, a close-woven woollen cloth resembling haircloth being the best. He thinks this is indicated in all cases requiring tonic application; it is invaluable in neurasthenia, and it affords the best of all means for training patients to endure the contact of cold water with the surface. It can be advantageously employed in anæmia, chlorosis, tuberculosis, post-febrile convalescence, cardiac dropsy, anasarca from kidney disease, chronic toxæmia accompanied by spasm of the peripheral vessels, cardiac inefficiency, and wherever cold in any form is indicated. It is especially indicated,

he thinks, in chronic disease where there is general torpidity of the bodily functions.

THE SCIENCE OF OPERATING.

Professor König, of Berlin, publishes a strong appeal for the treatment of surgical cases without permitting the fingers to come in contact with the wound. He argues that notwithstanding the progress made with antiseptic treatment, all danger cannot be eliminated so long as the operator's fingers touch the wound. Antiseptics will kill the germs on instruments and bandages, but not on the surgeon's hands. Professor König has frequently operated while keeping his fingers from contact with the wound, always, he says, with remarkable success. Such operations, of course, require great technical skill, but by lengthening the knives, needles, forceps, &c., much may be done to enable the surgeon to operate with a minimum of danger of infection to himself and the patient.

PROFESSOR KOCH ON TYPHUS.

In an address which he delivered at the Kaiser Wilhelm Academy on the 5th inst, Professor Koch advocated the strict isolation of every individual case of typhus. He considered that in this way typhus, like cholera and malaria, could be wholly exterminated, the only source of infection lying in persons afflicted with the disease.

FŒTID SPUTUM.

Dr. T. D. Acland gives the following serviceable arrangement of conditions in which there may be marked fetor of the sputum in the *Practitioner*:—

A.—Due to disease of thoracic or neighbouring organs: (1) Bronchiectasis from whatever cause; (2) gangrene of lung; (3) empyæma or pyo-pneumo-thorax, with bronchial fistula; (4) abscess of lung, (5) necrotic pneumonia secondary to caseating tubercle; (6) suppurating hydatid, either below or above diaphragm, rupturing into a bronchus; (7) abscess external to lung, e.g., originating from necrosis of bone (rib, vertebrae, &c.), suppurating bronchial gland, abscess of liver, &c.; (8) as a sequel of hæmoptysis; and (9) doubtfully (a) putrid bronchitis; (b) chronic pneumonia.

B.—Due to conditions external to thorax or neighbouring organs: (1) Ozæna; (2) gangrenous ulcerations about the cavity of the mouth and air passages, (a) syphilitic, (b) diphtheritic, (c) septic; (3) necrosis of bone or suppuration in communication with the buccal cavity.

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