Medical Matters.

"LEAN-TO'S" AT LOOMIS SANATORIUM.

We entirely agree with the opinion expressed by Dr. Moxon-King, Physician-in-Chief at Loomis Sanatorium, that if we expect to give sanatorium treatment to those of the poor who may be afflicted with early tuberculosis, it is necessary that we materially reduce the cost of construction, equipment, and maintenance in sanatoria intended for this purpose, otherwise we are entering upon an utterly hopeless undertaking. The "Lean-to's" designed by Dr. Moxon King, and constructed after the fashion of an Adirondack "lean-to" camp, but more substantially, have proved at the Loomis Sanatorium to meet the requirements most completely and satisfactorily. These are open in the front with an overhanging roof, and the ends can be opened or closed as required. There is a commodious warmed sitting-room, which can be used in rough weather, and buildings of this character, with locker rooms, bath and toilet can be erected at a cost of £20 per patient, or less. The plan appears to us much more satisfactory than to build a costly permanent Sanatorium. The temporary character of the "Lean-to's" is a strong point in their favour hygienically, while by means of them treatment is available for those to whom the fees of an ordinary Sanatorium are quite prohibitive.

WORK AS A THERAPEUTIC MEASURE.

This the subject of an editorial in the Boston *Medical and Surgical Journal*. "Among the many rational therapeutic measures which have been advocated of late years, small attention has been paid to the efficacy of work." Rest, exercise, massage, electricity, hydrotherapy, &c., have been used with much success and enthusiasm by many, both within and without the profession. The so-called "rest treatment" introduced by Dr. Weir Mitchell has been demonstrated beyond doubt to be most successful in appropriate cases. It has undoubtedly many times been misused and indiscriminately used, and, consequently, has given its best results in the hands of its founder. "In view, however, of all the time and attention which has been given to treatment by so-called rational methods, it is somewhat extraordinary that no systematic attempt has been made to systematise a method of treatment which shall have work, either physical or mental, as its fundamental principle. Of course, physicians are continually advising physical exercise and physical labour, but with the possible exception of Mœbius no one has mapped out a work cure in the same systematic fashion as the rest cure." The author considers that invalidism is quite often due to other causes than those for which rest and recreation could work a cure. It is a very rare experience to come in contact with a person who is really suffering from overwork. The work may be uncongenial, the hours long, and physical strength insufficient to meet the demands. It is the author's belief that the lack of suitable employment is rather the source of the various failures which are familiar to every physician. If it be true that overwork is rare, and that the moral and physical stimulus which work gives is desirable, systematic treatment by work is as rational as systematic treatment by other means. Employment of the mind, as well as the body, is conducive to health, and physicians would accomplish far more definite results if they insisted on the necessity of work with anything like the frequency that they insist on the necessity of rest.

ANÆSTHETICS AND THE DIABETIC.

Dr. Kausch, at the last meeting of the Deutschen Gesellschaft fur Chirurgie, laid down the following rules with regard to the administration of anæsthetics to patients suffering from diabetes:—(1) General anæthetics should be avoided if possible, and some method of local anæsthesia be selected, if such is not contra-indicated; (2) the use of a general anæsthetic for strictly diagnostic purposes is to be rejected; (3) the repeated administration at short intervals of a general anæsthetic should be avoided; (4) ether is regarded as the special anæsthetic for diabetic subjects (chloroform is decidedly more dangerous than ether, and is much more liable than the latter agent to set up intense acetonuria); (5) the quantity of the anæsthetic and the duration of its administration should be restricted as much as possible; (6) the administration of a general anæsthetic to a diabetic patient should always be practised early in the morning, so that the longest period of physiological abstinence may not be unduly extended; (7) every diabetic subject should, before the operation, be put under the sodium treatment; (8) if coma be threatened the sodium treatment should be energetically applied by mouth and by rectum, and by subcutaneous and intravenous injections.

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