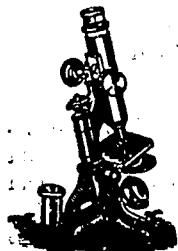


## Medical Matters.

### HYPODERMOGLYSIS IN PNEUMONIA.



In spite of all the innovations which have been made in the treatment of pneumonia, says the *Indian Medical Record*, the death-rate has been very little changed during the past three or four decades. Statistics, however, in such a disease as pneumonia, in which so much depends upon the age, the previous habits and condition of the patient and the "genus epidemicus," are not only not infallible but often misleading. Dr. F. P. Henry, who was the first to use hypodermoclysis in the treatment of pneumonia, believes that it is theoretically indicated in every case of pneumonia, although he does not employ it in many mild cases. It dilutes toxins and favours their elimination; it preserves the alkalinity of the blood, which is one of the most important properties of the vital fluid; and, finally, certainly tends to prevent the formation of heart clot, which the writer believes to be a frequent cause of death in pneumonia. The solution employed contains 50 grains of sodium chloride to the pint of distilled and sterilised water. He uses a large syringe or chest aspirator, the action being reversed, and injects from 8 oz. to a pint once a day.

### THE TREATMENT OF OBESITY.

Dr. P. Grocco gives in the *Rivista Critica di Clinica Medica* the following rules for the treatment of obesity: He considers obesity to be the result of an excess of ingesta or of a derangement of the metabolism of the body. The clinician must first ascertain the cause of the accumulation of fat, then regulate the income and outgo so that they are equalised, and combat the morbid effects of the condition. As a general rule, the liquids taken at meals should be reduced, and liquids taken two hours after the meal. Some cases, however, do not get along well with this reduction of fluids, but gastric, intestinal, and renal symptoms ensue. In cases in which the urine is habitually concentrated and has deposits of urates or uric acid, a dry diet is not well borne. In such cases it is best to allow frequent small meals, four or five in the twenty-four hours, with liquids taken two hours after each meal. The diet is reduced until the weight of the patient falls to the desired figure, and then kept at the requisite amount to maintain a normal

weight and prevent a renewed increase. There should be a great increase in muscular activity by walking, riding, cycling, sports, or gymnastics. General and local massage, when the abdomen is enlarged, is very useful. Hydro-therapeutic measures, cold and heat, are important, as well as carbonic acid gas baths. Patients should sleep very moderately, and should not do excessive mental work. Inhalations of oxygen may be used with advantage. The author does not advocate the use of purgatives, alkalies, or other drugs in reducing weight, except as the conditions of health would naturally demand them, as in case of the need of laxatives, iron in anæmic and alkalies in gouty cases.

### THE LIBERAL USE OF BUTTER.

No dietetic reform, according to the *New York Medical Times*, would be more conducive to improved health among children, and especially to the prevention of tuberculosis, than an increase in the consumption of butter. Our children are trained to take butter with great restraint, and are told that it is greedy and extravagant to eat much of it. It is regarded as a luxury, and as giving a relish to bread rather than in itself a most important article of food. Even in private families of the wealthier classes these rules prevail at table, and at schools and at public boarding establishments they receive strong reinforcements from economical motives. Minute allowances of butter are served out to those who would gladly consume five times the quantity. Where the house income makes this a matter of necessity there is little more to be said than that it is often a costly economy. Enfeebled health may easily entail a far heavier expense than a more liberal breakfast would have done.

Cod-liver oil costs more than butter, and it is, besides, often not resorted to until too late. Instead of restricting a child's consumption of butter, encourage it. Let the limit be the power of digestion and the tendency to biliousness. The butter should be of the best, and taken cold. Bread, dry toast, biscuits, potatoes, and rice are good vehicles. Children well supplied with butter feel the cold less than others, and resist the influenza better. They do not "catch cold" so easily. In speaking of children, it is by no means intended to exclude other ages, especially young adults. Grown-up persons, however, take other animal fats more freely than most children do, and are, besides, allowed much freer selection as to quality and quantity.

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