

the untreated manure; the results are shown in our illustrations No. 1 and No. 2. No. 3 shows the appearance of the fly traps placed over similar manure treated with borax or calcined colemanite.

THE SITTING POSITION IN PNEUMONIA.

The *British Medical Journal*, quoting from a foreign exchange, says that Mlle. E. Cottin has made an extensive study of the results of allowing pneumonic patients to leave their bed for part of the day. She tells how this plan came to be adopted by Dr. C. Widmer. He was surprised to find that in eight severely delirious patients of his who left their beds the delirium disappeared, fever diminished, and there was rapid disappearance of the pneumonic symptoms; none of these patients died. Later, he treated fifty cases by this method, and advised early resort to it; he found that the patients realized the benefit of sitting on a sofa or taking a short walk in the room; they felt they were free from the notion of being ill, and their pain was relieved. A period of four hours' sitting daily was found sufficient; temperature fell from $1\frac{1}{2}^{\circ}$ to 2° , the frequency of respiratory and cardiac movements diminished, blood pressure increased, and a feeling of euphoria was experienced. Mlle. Cottin has treated a large number of cases thus:—She selects for description twenty of the gravest cases, ranging in age from twenty to eighty. Some were allowed to get up on the day after their entry into hospital; others a few days later. As a rule, the hours from 2 till 6 p.m. were selected, owing to their convenience. The patients, clothed in a dressing-gown and a covering for the legs, were helped by a nurse on to an armchair close to the bed. On being comfortably settled, they were encouraged to give their impressions of the change of posture, and especially to give warning when they wished to return to bed. Only one asked this after two hours' sitting. He said he "did not feel bad, but he had had enough." The others would gladly have remained seated beyond 6 p.m. had it been possible. No one made any complaint; all wished to renew the experiment on the following days; some even swore when bedtime came, especially one patient, who felt a stitch in his side only when recumbent. Asked what they thought of the sitting treatment, they said they breathed much more easily, expectoration was more abundant and less painful, sweating ceased, and they enjoyed a pleasant euphoria; they also appreciated the relief from the incessant need to arrange their pillows comfortably. Objec-

tively, Mlle. Cottin noted that cyanosis became much less intense, respiration slower and deeper, pulse fuller and often slowed by 10 to 20 beats a minute. In a fat, delirious, alcoholic pneumonic, aged fifty-five, it was found that his pulse, which was very irregular during recumbency, became perfectly regular every time he was seated. The same thing was seen in a case of double pneumonia, where the patient's cardiac state was so grave that the physician hesitated momentarily as to the wisdom of trying the treatment. Usually the temperature fell from some tenths of a degree to $1\frac{1}{4}^{\circ}$, and it was lower in the evening after sitting than in the morning during recumbency in bed. In no case was any cardiac faintness or weakness induced by sitting.

The authoress thinks that sitting for part of the day should be adopted more often in pneumonia than it has hitherto been, and even in other acute respiratory affections, but she would not try it in all pneumonics. The earlier it is tried the better, and she specially urges its use in those who are dyspnoic, congested, and arrhythmic, and in those whose hearts are nearest to exhaustion, for she finds that cases of cardiac insufficiencies gain more relief by it than any other cases. The benefit she attributes partly to derivation of the blood to the lower limbs and partly to increase of diaphragmatic breathing. In support of this belief, she found that after sitting for two hours there was an increase of $\frac{1}{2}$ cm. in the thigh and calf of one patient, and in another patient, while sitting in bed with the legs extended, there was on the sound side a pulmonary expansion of $1\frac{1}{4}$ cm., whereas with the legs hanging over the edge of the bed it rose to $3\frac{1}{4}$ cm. (It seems probable that the mere hanging of the legs out of bed might well be tried in cases in which sitting up out of bed appeared inadvisable.) The results obtained were as good in women as in men, but it was found that pneumonias of the upper lobe were less influenced in their evolution than those of the lower lobe.

TRENCH BACK.

Captain John D. Sandes, I.M.S., officer in charge of the Electro Therapeutic Institute, Kitchener Indian Hospital, Brighton, describes, in the same journal, a condition known as Trench Back. The injury is usually caused by the impact of large and heavy masses of matter, such as earth or sandbags. The condition is of importance owing to its frequency, and the prolonged disability entailed. Captain Sandes has obtained good results in selected cases by treating them by ionization with sodium salicylate.

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