

COD-LIVER OIL IN PHTHISIS AND BRONCHITIS.

Dr. T. Lauder Brunton, writing on this subject in the London *Lancet*, says:—

One of the most powerful expectorants is simply a little warm food in the stomach, and in cases of chronic bronchitis, in which the patients complain of violent coughing immediately after rising, one of the best expectorants is a glass of warm milk, either with or without a little rum, and a biscuit or a piece of bread, about a quarter of an hour before they get up. A little warm beef tea will have a similar effect. After taking this for a short time they generally tell you that the sputum comes away much more easily than before, and they are not so much exhausted by it. But perhaps the remedy, *par excellence*, not only in cases of phthisis, but in chronic bronchitis, is cod-liver oil. Persons suffering from long-standing chronic bronchitis will often come to a hospital to beg for cod-liver oil, saying that it eases their cough far more than any cough mixture. Other oils or fats have not this power to the same extent as cod-liver oil. We cannot say positively what the reason of this may be, but I think there is no doubt about the fact. My own belief is that cod-liver oil is more easily assimilated than other oils, and not only so, but more easily transformed into tissues themselves. Whether it owes this property to its admixture with biliary substances or to its chemical composition, we cannot say. Dr. Weir Mitchell quotes a remark made by an old nurse, that "some fats are fast, and some fats are fleeting, but cod-liver oil fat is soon wasted." By this she meant that there were differences in the kinds of fat accumulated under the subcutaneous tissues of men, just as there are differences in subcutaneous fats which accumulate in horses. The horse fed on grass soon gets thin by hard work, while the fat laid on when the horse is feeding on hay and corn is much more permanent. Persons fattened on cod-liver oil soon lose the fatness again, and this, I think, points to the power of ready transformation which the oil possesses. Supposing that it does possess this power, we can readily see how very advantageous it will be. In chronic bronchitis, and in catarrh and pneumonia, we have a rapid cell-growth, but want of development. The cells lining the respiratory cavities are produced in great numbers, but they do not grow as they ought to do. They remain, more or less, lymphoid cells, instead of developing into proper epithelium. They so rapidly form, and are thrown off so quickly, that they have not time to get proper nutriment, and if they are to grow properly we must supply them, not with an ordinary kind of nutriment, but with one which is much more rapidly absorbed, and is capable of much more rapid transformation in the cell itself than the usual one. This power is, I believe, possessed by cod-liver oil, and to its quality of nourishing the rapidly-formed cells in the lungs in cases of bronchitis and catarrhal pneumonia I believe its great curative power is owing.

TEMPERATURE OF SLEEPING ROOMS.

Dr. Horace Dobell, of London, in his excellent work, "Winter Cough," makes remarks on the temperature of bed-rooms, that are so appropriate that I will quote them. He says: "But before leaving the subject of sudden changes of temperature, I must not forget to speak of sleeping-rooms. It is quite astonishing what follies are committed with regard to the temperature of sleeping-rooms. On what possible ground people justify the sudden transition from the hot sitting-room to a wretched cold bed-room, which may not have had a fire in it for weeks or months, it is impossible to say; but it is quite certain that the absurd neglect of properly warming bed-rooms is a fruitful source of all forms of catarrh. We cannot too much impress this upon our patients." For those who do not become warm quickly after they go to bed, during cool or damp weather, the bed-clothes should be warmed by a hot smoothing iron, or a warming bed pan, before they retired for the night. This warming operation may be necessary, even if there has been a fire in the sleeping-room all day. If a patient is subject to profuse night sweats the dampened bed-clothes should on each morning be removed from the bed, and fresh, well-dried *coils* clothes (linen sheets and pillow cases should be eschewed) supplied in their stead. If the perspiration has been but slight, the bed sheets alone may be all that requires removal, or even these may be so slightly dampened that their being placed before a grate fire will be sufficient to dry them for the next night's use.—*Dr. Rumbold's Hygiene of Catarrh.*

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EDITOR:
FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.

ASSISTANT EDITORS:
R. A. KENNEDY, M.A., M.D.
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ALEX. H. KOLLMEYER, M.A., M.D.

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THE MONTREAL GENERAL HOSPITAL.

Since our last issue, there has been an election for an indoor and an outdoor physician. The indoor vacancy was created by the resignation of Dr. John Reddy, who, after twenty-five years faithful service, retired upon the consulting staff. Dr. Molson, for several years on the staff of assistant physicians, was elected to fill Dr. Reddy's place. Dr. Gardner was elected to the vacancy which Dr.