

use. The very obvious objection that milk furnishes lactic acid as a product of its fermentation, should not be ignored. All the world knows the intimate relations between lactic acid and the rheumatic poison. By the introduction of lactic acid, a form of endocarditis not distinguishable from the rheumatic, is set up, and of those diabetics treated by lactic acid, a considerable proportion suffered from attacks of rheumatic fever (acute rheumatism). It is difficult, of course, to determine this point with certainty, but I have reason to believe that patients with rheumatic fever do not get well so quickly, and are much more apt to have relapses when they consume much milk during the course of the disease. Surely, sufficient reasons exist for undertaking a thorough investigation of the question. My own practice, in the cases in which I am consulted, is to advise against the use of milk as an aliment in acute rheumatism.

In typhoid fever, milk is the one food now given, irrespective of the character of the cases. Of late this almost universal practice has come to be challenged. It has been depended on, without investigating the state of the digestive functions, and quite unmindful of the effect it may have on heat production. It is often given in too great quantity at a time, or so frequently that the stomach has not disposed of one quota before another is thrust upon it. Unless the gastric juice has preserved, to a considerable extent, its power of converting the albuminoids into peptones—which we have no right to expect—the casein resists its action; hence it follows that the materials of digestion should be administered soon after the milk is taken, and to prescribe it without reference to the ability of the stomach to dispose of it is to insure increased fever and delirium, and more frequent stools. Besides supplying the means for proper digestion of the milk, attention should be given to its administration at such intervals that every portion given may be disposed of before another is permitted to enter the stomach. It is a trite observation, which is not therefore less true, that it is more important to the nutrition if some food be well digested rather than a large amount be merely swallowed.

Notwithstanding, since Donkin's first reports, milk has entered largely into the dietary of diabetics, its utility has recently come to be seriously questioned. If conversion of milk sugar into grape sugar does not take place, there can be no doubt of the value of milk in this disease, since it possesses so great a number of alimentary constituents. If, as is now asserted, this conversion does take place, the free administration of milk in diabetes, must be regarded as an abuse.—Bartholow, in *Journal of Reconstructives*.

THE author of the "Ode to Bacillus," published in Nov. LANCET, is Dr. Todd Helmuth, of N. Y.

THE REMEDIES I USE IN PRACTICE.

Dr. P. H. Carson (*Kansas City Medical Index*):

For Bronchitis.—There is no combination from which I derive so much satisfaction in the treatment of ordinary "colds" as *R. Ammonii chloridi*, ʒj; tinct. opii camphoratae, f ʒ ss; syrupi scillae comp., f ʒjss. *M. Sig.* Teaspoonful every two or three hours, as the cough may require. If there be some fever, I add a suitable quantity of tincture of aconite.

For Pharyngitis.—As a "gargle," I derive most benefit, in acute inflammation of the pharynx, from: *R. Potassii chloratis*, ʒj; aquae destillat., f ʒ iij; ft. solut. et adde; tinct. ferri chloridi, f ʒij. *M. Sig.* Use as a gargle four or five times daily. Sometimes, if the inflammation be severe and accompanied by constitutional disturbances, I prescribe internally tincture of *phytolacca decandra*, with the happiest results.

For Lumbago.—For the relief of lumbago, I order a belladonna plaster over the neuralgic parts, and internally a mixture of: *R. Extracti cimicifugae*, f ʒ iij; *codeinae sulphatis*, gr. x; syrupi acaciae, f ʒ ss.; aquae, q. s. ad. f ʒ iij. *M. Sig.* One teaspoonful every three hours until relieved. When the pain is not severe it is best to leave the sulphate of codeine out of the prescription.

For Burns.—There is nothing so beneficial for recent burns as carron oil: *R. Olei lini sem.*, aquae calcis, aa f ʒij. *M. Sig.* Apply to burned surface. Afterwards, if there be much suppuration, subiodide of bismuth may be dusted over the parts, making just a very thin film; if this produces much irritation, the sub-nitrate in conjunction with some mercurial in vaseline may be used. Iodoform is worse than useless.

For Conjunctivitis.—In cases of conjunctivitis, I have long since discarded any irritating applications. Nitrate of silver, sulphate of zinc, acetate of lead, only add fuel to the fire. I write *R. Hydrargyri oxidi flavi*, gr. ss; unguent. petrolei, ʒ ss. *M. et ft. unguentum exactum.* *Sig.* Apply two or three times a day until relieved.

For Anemia.—As a tonic in anemia there is nothing equal to some preparations of iron. The most eligible mixture containing iron is one which I have used for a long time without a single complaint of nausea or other gastric disturbance, consisting of: *R. Ferri citratis (solub.)* ʒjss; aquae destillat., f ʒij; fiat. solut. et adde: acidi sulphurici aromatici, f ʒij; glycerinae, syrupi simplicis, aa f ʒj. *M. Sig.* One teaspoonful one hour after each meal. When the iron is given immediately after meals it unites with the tannic acid of the tea or other articles of diet, forming an insoluble tannate of iron—a pure ink, but not very valuable therapeutically.