

able, all food should be withheld for half a day or a day, giving nothing but toast-water or thin whey to allay thirst. If a child has been weaned, or good breast milk cannot be obtained, cow's milk had best not be trusted, as it is so easily changed in hot weather, especially in cities and among the poor. In the country, where fresh milk can be obtained twice a day, it may not hold; but in the city, children certainly do better when milk is withheld, and other articles not so prone to fermentation are given. Chicken, beef, and mutton broths, expressed juice of roast beef or steak, wine-whey, white of egg shaken up with water, rice-water, barley-water, or the malted foods, koumyss, and in some cases raw scraped beef, are articles which may replace milk.

The first indication in every case, except true choleric diarrhoea, is to clear out the bowels as completely as possible, by a good dose of castor oil, or by one or two grains of calomel in the form of tablet triturates. This will be sufficient to cure a large number of the milder cases, if taken early, provided the feeding rules laid down are carefully followed. In more severe cases, and in those of longer standing, a simple clearing out produces only temporary improvement; further measures must be taken to restore healthy action of the alimentary tract and stop decomposition. Salicylate of sodium, in grains $j-i\bar{j}$ doses, every two hours, or naphthalin in double the amount, we have found the most useful.

High temperature should be reduced by baths or cold sponging. It should not be forgotten that this may come from septic absorption from the bowels; if the temperature has risen coincidently with a great reduction in the number of discharges, a brisk cathartic will prove the most efficient antipyretic.

Cerebral symptoms may likewise be toxic, and, if so, should be treated in the same manner.

The object of treatment is not simply to arrest the discharges, but to restore their healthy character. Hence, opiates are not admissible at the outset, and never during the course of the disease when the discharges are foul and offensive. The retention in the intestinal canal of such matters, loaded with bacteria, can only result in harm.

Last summer, in this Asylum, a trial was made of the method of irrigation of the bowels with simple water or weak astringent solutions, in twenty-one cases. Only eleven were cured by this treatment alone. Although the results were not so gratifying as was anticipated from the accounts published in Germany, still some very bad cases did surprisingly well under it. It is certainly deserving of a more extended trial, as a valuable addition to our therapeutics.

True choleric diarrhoea was treated in a few cases by hypodermatics of morphia and atropia; one or two yielded quite promptly; others, no more severe apparently, were uninfluenced by it.—

Med. News.

THE PROPER SELECTION OF ETHER OR CHLOROFORM AS AN ANESTHETIC.

Dr. A. P. Gerster read a paper upon this subject before the New York Academy of Medicine, April 7, 1887. In approaching this subject, he said it was necessary to cast away all prejudice, considering it in a spirit of candid inquiry. In the first place, it was to be borne in mind that both ether and chloroform were dangerous anesthetics. Researches with the aid of the sphygmograph, demonstrating the effect upon the pulse, had shown, however, that chloroform was infinitely the more powerful agent of the two. Still, this fact did not afford ground for the universal condemnation of chloroform, though it rendered greater caution necessary during any operation in which it was used. But, while chloroform was the more powerful agent, and consequently attended with more danger at the time of the operation, its employment was not followed by the secondary affections of the lungs and kidneys which were apt to result from that of ether.

The statement frequently made by partisan zealots, that ether is always and under all circumstances safe, was not true. In hospital practice it was found that in a considerable number of patients, particularly those addicted to the use of alcohol, it was exceedingly difficult to produce profound anesthesia with this agent, and in such cases, from the effect of the excessive and irritating mucous secretions excited, catarrhal or septic pneumonia was very apt to ensue. Admitting that, on the whole, ether was safer than chloroform, Dr. Gerster proceeded to speak of the manner of administration, and recommended, as superior to any other, that by means of Ormsby's inhaler. He then went on to say that ether was contraindicated in all affections impairing the renal functions, a circumstance the credit for first pointing out which belonged to Dr. Emmet. Having referred to cases showing the danger of ether when nephritis was present, he expressed the opinion that an examination of the urine should be made in every case before administering an anesthetic, except where the urgency of the circumstances precluded this; when, if Bright's disease was discovered, chloroform was to be preferred as the safer agent.

Ether, he said, was also contra-indicated where, in the aged or in young children, or generally in the feeble, there were catarrhal conditions of the air-passages. Having related three cases of his own practice, in which he claimed that fatal or dangerous pneumonia was set up by ether in patients suffering from cancer, he stated that, in the year 1886, three cases of pneumonia occurred after the administration of this agent in the Mount Sinai Hospital in, two of which the patients died, while in the third recovery took place. There were also five cases of severe bronchitis, arising under similar circumstances, reported during the year. Dr. Gerster said he had four more cases in