

dammed up organs of diuresis, and awakers of defecation, cleansers of the vital sewerage system.

3rd. In the matter of diet, the mother's milk is best, and some other mother's milk next best.

Whether mother's milk or artificial food be given, the quantity and quality should be most carefully guarded.

In many instances, the liquid, raw meat foods in small quantities, well diluted and frequently given, will be of great service. All artificial foods should be predigested.

4th. In extreme cases the administration of soluble foods in the form of baths, and by gentle friction, will be of value, and in all cases gentle massage and frequent bathing (sometimes adding diffusible stimulants to the water) are of great service, much of the water being directly absorbed by the hungry and thirsty tissues.—*St. Louis Med. Review.*

THE DYSPNEA OF ASTHMA AND ITS TREATMENT.

The causation of the asthmatic paroxysm is still in dispute, and at least three theories have advocates more or less zealous. The demonstration of the bronchial muscle gave a firm anatomical basis to the view that the attack was due to its spasmodic contraction. Wintrich and Bamberger hold that such a condition is inconceivable with the enlarged and hyper-resonant state of the lungs during the paroxysm, and they support a theory of tonic spasm of the diaphragm, either alone, or with the other muscles of respiration. A third view, that of Traube and Weber, attributes the attack to swelling and hyperemia of the bronchial mucosa—through vaso-motor agency—similar to that which occurs in the nasal mucous membrane in the early stage of catarrh. At present a majority of the observers are divided in opinion between the theory of spasm and that of hyperemia with tumefaction.

In the American Journal of the Medical Sciences for October, 1887, Fraser, of Edinburgh, relates some interesting observations which support the spasm theory, and have a very practical bearing on the treatment of the attack. It occurred to him to study the auscultatory phenomena during the asthmatic paroxysm, in order to ascertain if they could be modified by the action of any agent known to control the contractility of unstriped muscle. Now, it is well known that the most constant and striking physical signs accompany asthma, viz., the dry whistling *râles* (without any moist sounds) produced in the tubes, either by spasm of the muscle or swelling of the mucosa. If it could be shown that the administration of a remedy known to relax unstriped muscle was followed by a disappearance of the *râles* and relief of the dyspnea, a strong point would be made in favor of the spasm theory. This Fraser has done, using the nitrites

whose capabilities of relaxing non-striped muscle in the case of arteries is well known. Eight observations are recorded in which either nitrite of amyl, nitrite of ethyl, nitrite of sodium, or nitro-glycerine was given, and the chest carefully auscultated before and after every administration. In each instance, improvement more or less positive followed, and the dyspnea and sounds disappeared simultaneously. From the well recognized action of these bodies in reducing the contractility of non striped muscle, it seems reasonable to attribute the relief to the relaxation of the spasm of the bronchial muscles.

The nitrite of amyl was given in solution, five minims in two drams of water, or inhaled, ten minims on blotting paper at the bottom of a small glass tumbler. The nitrite of ethyl (nitrous ether) acts well in ten minim doses of a twenty-five-per cent. alcoholic solution. Of the nitrite of sodium ten minims of a ten-per-cent solution, and of the nitro-glycerine five minims of a one-per-cent solution were employed. The administration of nitrite of amyl in the asthma paroxysm has long been practiced, but the accurate determination of the coincidence of the relief of the symptoms with the disappearance of the physical signs has not before been so closely followed. We believe a combination of the nitrite of amyl, given during the paroxysm, and the nitrite of sodium given continuously, will act more surely than either remedy alone, as the latter gives that permanence which we miss in the action of the nitrite of amyl.—*Phil. Medical News.*

THE TERRORS OF CHILDHOOD.

How often do we hear mothers, soothing very young children to whom it has been found necessary to give a dose of medicine, console them with such talk as this: "Did the nasty old doctor give muzzer's precious d-a-a-r-l-ing nasty old medicine? Muzzer'll whip nasty old doctor!" or "Ugly old doctor cut baby's arm—muzzer'll beat him for it!" Or, when a young one is refractory we hear them say "You'd better behave yourself! I'll send for the doctor and make him vaccinate you again!" These and a thousand other foolish things are said until to the young mind the doctor becomes the very embodiment of terror—a buggaboo from whom the child shrinks in fright and aversion. And yet how often the infant's life depends upon its love of and confidence in the physician! The wise mother, realizing this fact, should teach her children to love and trust the family physician. These thoughts were suggested to us recently in reading a most entertaining work by Professor Mosso, of Turin, entitled *La Paura* (Fear or Fright). Among other anecdotes he says: "An old soldier, whom I once asked what had been his greatest fright—what had caused him the most suffering from terror, answered "One thing alone,—a terror that has pursued me through life and which yet affects me. I have looked death in the face I know not how many