

to me for treatment for catarrh. Upon examination I found a sharp node grown out from the vomers and the tissue opposite considerably excoriated.

In the act of respiration you could see the part, rub against each other, and it was easy to account for his catarrh.

After a few weeks of treatment to heal the excoriated surface, and to relieve the inflammation as much possible, I removed the node with the jointed scissors, and the case is progressing rapidly towards recovery. Another remedy often used is caustics, either solid or acids, to produce a slough, but if the osseous tissue is enlarged this will fail, and if only the soft tissue be involved surgical aid is much nicer and more pleasant for the patient.

There are other remedies, such as the galvano cautery and pastes to be applied, but these should only be used by the most expert manipulators, and I have tried to keep within the pale of the regular practitioner, only giving those remedies which can be used by any careful, observing physician.

I have only spoken of true nasal catarrh, not having touched *cezena*, which is catarrh in an atrophic form, thinking that this had better be left to itself, as it is a condition hardly ever cured—only relieved.

In closing I wish to speak of the application of remedies and the best mode of procedure.

First of all the membrane should be thoroughly cleansed of all mucous, and this is best done with a cotton swab and some alkaline solution, and then thoroughly sprayed to be sure that all folds are clean, then throw your medicated fluid in the form of spray forced by condensed air or hydraulic pressure, and use enough pressure to be sure that every fold and sinus receives some medication; there need be no fear of injuring the middle ear by this method, or in doing any other damage, and you leave no corner for the disease to hide in, and again light up the whole surface of the nasal cavity.  
—Progress.

## THE DIETETICS OF PULMONARY PHTHISIS.

BY ALFRED L. LOOMIS, M.D., ETC.

The dietetics of pulmonary phthisis is often the most difficult as well as the most important element in its successful management.

In the limited space at my disposal I can give only general rules, and an outline of the practice which experience has led me to adopt.

Three things require consideration:

1st.—*The most suitable articles of food.*

2nd.—*The time and quantity of its administration.*

3rd.—*The use of artificial digestives.*

Since the object sought is the maintenance of the highest possible nutrition, and as this must often be done with feeble digestive and assimilative powers, the selection of food will not be determined solely by their relative value (chemically) as food products, but quite as much by the facility with which they are assimilated.

The best foods are those from which the system gains the most heat and force producing elements, with the least proportionate expenditure of digestive and assimilative force.

Milk is undoubtedly the best food of all *per se*, but in many cases with weak digestive power more nutrition is gained from its weaker ally Kumyss.

Of the albuminoids, meats, especially beef, and eggs are the most valuable.

The best hydrocarbons are cod liver oil, butter, cream, and the animal fats. Sugars and starches should be avoided as far as possible, since they tend to fermentation, and cause both gastric and intestinal dyspepsia. Only occasionally will a patient be found who is benefited by their use. They should be employed, therefore, only for variety in diet, and to avoid that disgust for all food so apt to be engendered by a monotonous diet.

Phosphorous, so important especially in tubercular cases, is secured in preparations of the phosphates, which should not be in the form of syrups. Vegetables and fruits may be required in the earlier stages to avoid monotony, and later to satisfy a capricious appetite, but they should be restricted to the minimum and to such as contain the least saccharine elements.

Two very distinct classes of phthical patients must be recognized, those under thirty and those over forty. It may be stated as a general rule that for the first class the basis of all dietetic treatment must be the hydrocarbons and phosphates. They are often the *curative* agents in young subjects.

On the other hand the albuminoids must constitute the principal food of the second class. It is worthy of note that often in phthisis the demands of waste and repair not only enable young people, who usually object to all forms of fat, to take and assimilate, but even cause them to exhibit a decided fondness for all forms of fatty food. Older subjects, who in health use little albuminous food and more fat, are able to digest large amounts of meat, while fats cause intestinal dyspepsia.

In selecting special articles of diet for these two classes, it is important to remember that there are distinct stages which consumptive patients pass through, as regards digestive powers. The first covers the period during which digestion and appetite are unaffected. The second begins with the first indications of septic infection; is marked by intermittent pyrexia and gastric inactivity. It extends to the time at which the stomach refuses solid food. The third covers the remainder of the patient's life. It is in the first stage that the best results are obtained.

*Systematic dieting* should be begun, therefore, upon the first suspicion of a developing phthisis. The diet can no longer be indiscriminate, but the rules given below should be strictly adhered to. For young patients meat must be, and butter and cream are to be used freely. Milk should consti-