

The Home Doctor

Ganglion

The name ganglion is given to a circumscribed collection of fluid along the course of one of the tendons or sinews. Usually it is located on the back of the wrist or on the instep, but it may be encountered on the outer side of the ankle or on the inner surface of the wrist.

The swelling is rounded and of variable size, usually perhaps, when it begins to attract the notice of its possessor, about the size of a filbert. It gives a sensation of elasticity although often solid feeling, like a piece of india-rubber, but it may be so hard as to be mistaken for a bony tumor. It is quite movable under the skin when the hand is at rest, but when the fingers are contracted—in case the ganglion is on the back of the wrist—the lump becomes tense and fixed.

There are ordinarily no symptoms other than the disfigurement of the swelling, although if subjected to continual slight injuries, as happens especially when it is located on the instep, it may become inflamed and quite painful.

The interior of a ganglion is not exactly fluid, but somewhat viscid, much like glycerin jelly.

The old-time treatment of a ganglion on the back of the wrist was to tell the patient to make a fist, and then, when the tumor was tense, to hit it a blow with the flat of a heavy book and rupture it. After that a bandage was worn for several days to maintain pressure on the part, and so prevent the little cyst from refilling. This was the accepted plan of treatment by even the best surgeons forty or fifty years ago, and was usually satisfactory; but sometimes the patient so treated went into a galloping consumption, and died.

The reason for this has been found in the fact that a ganglion is sometimes tuberculous in its nature and origin, and the slap with the book simply spattered the fluid out of the sac, where it did no harm, into the loose tissue beneath the skin, whence it was absorbed by the blood-vessels, and so the contained poison was carried to every part of the body.

A better way is to insert a hollow needle into the tumor and by means of suction with an aspirator draw off the contents, if they are not too thick and jelly-like. Nowadays, however, the surgeon usually cuts out the whole thing, sac and all, and so gets rid of it without fear of return. The little operation is very simple, devoid of danger, can be done without pain, and leaves a very slight almost invisible, scar.

Chronic Bronchitis

After repeated attacks of acute bronchitis, especially in those past the middle of life, there is a tendency for the disease to become established as a chronic affection. When this occurs a perfect cure is hardly to be expected, unless, perhaps, the patient is able to take up his residence permanently in a warm climate. Even when a cure appears to have been effected the mucous membrane of the bronchial tubes remains vulnerable, and very slight causes will then bring about a return of the trouble.

There is usually more or less cough accompanied by thick expectoration, especially in the morning. Sometimes the chest is sore, and coughing excites a rasping pain. The heavy cough, returning in repeated attacks and finally becoming almost constant, at least from early summer well on into the autumn, at last causes a dilatation of the air-cells in the lungs. This condition—pulmonary emphysema, as it is called—induces a sort of asthma in which expiration is difficult, longer than usual, and accompanied by more or less wheezing.

There is usually little to do for chronic bronchitis in the way of drugs. The so-called expectorants or cough mixtures are needed, as a rule, only when there is a fresh cold caught on top of the chronic condition. At such times the cough may become racking and incessant and call for quieting remedies. Cod-liver oil is almost always good for these patients, unless it spoils the appetite. When it cannot be borne—

and when it can also,—the sufferer should eat plenty of butter and use cream freely.

When the patient is gouty, a not unusual contingency, an antigout regimen should be adopted. If possible, the colder part of the year should be spent in a warm climate. The dry air of the interior is preferable to the damp east winds of the Atlantic coast; but as the heart may be affected secondarily to the lung trouble or to the kidney trouble which is frequently associated with it, the high altitudes, such as the Rocky Mountain region, are to be visited with caution.

As will be seen from the general line of treatment indicated, hope for sufferers from chronic bronchitis lies in doing all that is possible to keep the general condition built up by hygienic living and a generous diet.

Hygienic Exercise

Muscular action is indispensable to robust health; but the amount of it that is required varies with age, sex, habits and constitution. Most persons who are free from organic disease are benefited by properly directed gymnastic training. Even those employed at manual labor are often improved by it, for only certain groups of muscles are exercised in the routine of daily work, and others remain comparatively idle. Light exercise for a few minutes in the evening often acts as a restorative both to the wearied muscles and to the exhausted nervous system of one fatigued in his employment during the day, particularly if it be followed by a cold sponge-bath; but as a rule the morning is a better time for both exercise and cold bathing. Invalids may profit by exercise under the supervision of a physician, and remarkable cures are sometimes attributable in great measure to it.

No other method is quite so effectual as systematic training under an intelligent instructor, when this is available, but a great deal can be accomplished by home gymnastics if persistently practised. In these days of deficient breathing and excessive lung disease especial attention should be directed to the strengthening of the muscles of the chest and abdomen. The exercise should be taken daily and in the open air when the weather will permit;

it should never be undertaken in a closed room. Whether dumb-bells and wall-pulleys or some other method be employed, the movements should be carried to the point of inducing deep respiration. Moderate running and bicycling increase the breathing power, and rowing is regarded as the best of all exercises.

A few precautions should be observed. Nothing more cumbersome than the regulation costume of the gymnasiums should be worn unless reduction of weight is desired. The time limit at the beginning should be ten or fifteen minutes; it may be increased gradually to an hour, the rapidity of the increase corresponding to the physical condition of the individual. The weight of each dumb-bell for a sound young man should rarely exceed two pounds, and that of each wall-pulley should be limited to three pounds. Nothing is gained by attempting too much, and the improvement of months may be checked by the overwork of an hour. The slight soreness of the muscles during the first few days must not, however, be looked upon as an indication of overwork.

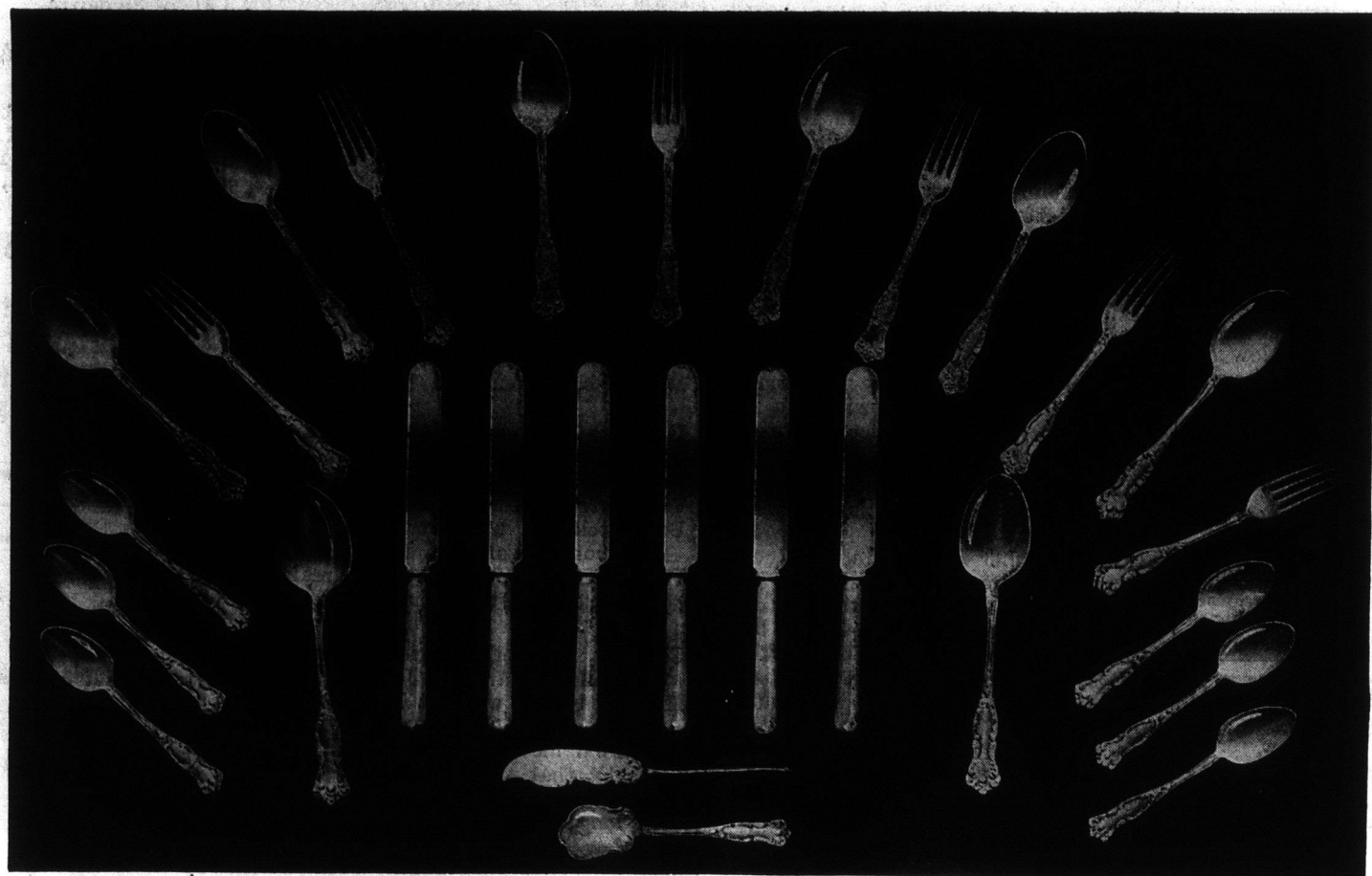
To Live Long Live Simply

From the days of Cornaro down to the present those who have experimented in prolonging life are united upon one point: Live simply and eat very moderately. If the body is choked with waste its organs cannot function properly. It is an almost universal custom to eat more than is needed to sustain the body in health. We eat for pleasure long after the needs of the body are met. And by overeating we shorten life. Louis Cornaro was born with a weak constitution. At forty he was subject to severe illnesses and was in appearance and feeling an old man. At this time he took himself strictly in hand and began to eat only what he could readily assimilate. He made it a rule to rise from the table while he still felt a disposition to eat and drink more. As he advanced in years he became still more abstemious. As a result he reached the century mark in good health, with a mind clear and bodily organs well preserved.

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