

is abandoned. On this point there must be no mistake.

3. *Medical Treatment.*—During an attack of acute cardiac palpitation, medical treatment of a direct kind can only be palliative. It is a common practice to place the patient in the perfectly recumbent position, but as this position leads, frequently, to breathlessness and much discomfort, I never enforce it unduly. The sufferers usually find out the best position for themselves, and standing up, and even gentle walking backward and forward, commonly appear to bring relief, as if the general muscular action equalized the local over-action.

For the actual palpitation, digitalis is the only remedy I have found of any positive service, and it combines well with remedies which have a tendency to promote quickly the cutaneous and renal excretions. I usually prescribe the tincture of digitalis in five or ten minim doses, with half a fluid drachm of nitric ether, and two fluid drachms of the liquor ammonia acetatis. In instances where there has been prolonged sleeplessness, with palpitation, I have combined morphia, in full doses, with digitalis, with good effect, adding the narcotic dose to the formula just named.

In general treatment I am accustomed to follow, whether the heart be organically sound or unsound, the same methods as those described in my previous essay on intermittency. The organic bromides of iron, quinine, and morphia, and the mixture of iron carbonate ammonia, and morphia, are excellent remedies. The only difference in treatment, in fact, relates to the use of alcohol, which, valuable in some cases of intermittency, is less compatible in cases of palpitation.

4. *Treatment of Epigastric Palpitation.*—The rules already offered for the management of cardiac, apply equally to the epigastric palpitation. There is, however, in cases of epigastric palpitation more frequent necessity to meet dyspeptic symptoms, including flatulency and constipation, by alterative and mild aperient correctives.—Benjamin Ward Richardson, M.D., F.R.S., in *Asclepiad*.

## THE ABUSES OF MILK DIET IN THERAPEUTICS.

The therapeutical employment of milk, not only has been popularized and the lay public made familiar with its various adaptations, but in the wake of the general appreciation has followed the usual exaggerations, and hence it is prescribed with little regard to the conditions properly requiring it. Under these circumstances it seems desirable to indicate the limitations of this therapeutical food, and to show wherein it may be hurtful rather than beneficial.

In certain disorders of the digestive functions,

milk causes a sense of discomfort, decided uneasiness, oppression—sometimes even pain, and it prolongs the morbid condition. The cases of this kind may be grouped into two classes: those in which the casein is the offending material; those who cannot properly digest the cream or butter. We find examples of the first class more frequently amongst children, but they are by no means uncommon in adults. They are detected the more readily in early life, because the curds are rejected by vomiting, or appear undigested in the stools. Adults unable to digest casein, or who digest it slowly or painfully, have epigastric distress, heaviness and oppression for several hours after meals, stupor and disinclination for exertion coming on after an hour or two and continuing until the offending material has passed well down the intestines.

An excellent substitute for the milk when the casein disagrees is barley-water with cream. The barley-water should be carefully strained and have the density of good skimmed milk, and one-sixth or one-fourth cream added, so that the mixture has the consistency of rich milk.

Another class of subjects to whom milk is unadapted are the cases of duodenal, hepatic and pancreatic diseases, because of the deficiency in the secretions necessary to the process of emulsifying fats, and preparing them for entrance into the lymph vessels. Fats decomposing form very irritating fat acids, and the change in the reaction of the intestinal juices is the cause of various secondary troubles in the biliary functions and elsewhere. To fit milk for use, under such circumstances, it must be skimmed, and about the time the stomach digestion is completed, aids to the intestinal digestion should be administered. Such aids are a soda alkali, and it may be, some pancreatic solution to effect complete digestion of the fatty constituents.

The mere bulk of the milk is an objection to its use in certain diseases. In dilatation of the stomach, the space occupied by the necessary quantity perpetuates the disease. The reflex effects of distension of the stomach in cases of weak heart, and in angina pectoris, may not only cause distressing symptoms, but may even prove fatal. It cannot be too strongly stated that milk is a highly objectionable aliment in heart diseases, whenever the motor apparatus of the organ is diseased, and whenever its movements are readily influenced by morbid states of the stomach through the reflex channels.

In no malady, as I conceive, is milk more abused than in acute rheumatism. It is very often the chief—sometimes the only aliment employed during the whole course of this disease. Besides the objection inherent in its mere bulk, certain theoretical considerations of its nature should have considerable weight in deciding the question of