

Pancreatic emulsion of solid fat, consisting principally of stearine, margarine, and palmitine, is therefore quite a different thing from milk, the fat of which is principally olein.

Now, the nearest approach to a pancreatic emulsion is what may be called *nascent milk*, by which I mean milk just secreted—milk that flows from the mammary gland as it is formed, or, as mothers term it, “as the draught comes in.” In this the emulsification is finest and most perfect, but every minute that elapses after the milk is secreted deteriorates this perfection of emulsification, until, as we know, whether retained in the lactiferous ducts or in an artificial vessel, but especially in the latter, and when allowed to cool, the cream separates from the water of the milk, never again to be susceptible of the same emulsification with water in which it first existed, *except under the influence of pancreatic juice*.

I submit that this is the secret of the superiority of lactation, and especially of lactation at the time “the draught comes in,” over every other kind of infant feeding, whether in man or in the lower animals. It forms an important distinction between milk diet supplied by the natural process of suckling and milk diet administered artificially, and affords some reasonable colour to the old standing belief in the efficacy of “new milk, warm from the cow” for delicate children, and to the remarkable recoveries recorded to in ancient times of old persons nourished by lactation when everything else had failed.

The Author will be much obliged to any of his readers who will favour him with their clinical experience on the subject of this paper.—*Practitioner*, Oct., 1872.

ON THE TREATMENT OF SCARLATINA.

By W. C. WILLIAMSON, Esq., F.R.S., Professor of Natural History in Owen's College, Manchester.

About the period when my attention was first directed specially to this subject, the treatment of scarlatina by ammonia was attracting notice. The success which was said to have attended the adoption of this plan suggested to my mind the possibility of preventing the lowering of the vital energies by the free and bold administration of stimulants from the very commencement of the attack, instead of waiting until symptoms of depression began to manifest themselves; and believing that it was the stimulating properties of the remedy, and not any imaginary power it possessed in rendering the blood more fluid, that made ammonia useful, I determined to try the effects of champagne, which I did in the next case of scarlatina that fell into my hand, which was at the commencement of 1859; the result was most satisfactory. Since that time I have attended a very large number of such cases, yet I have rarely given a dose of medicine of any kind during the last ten years. The moment I became satisfied that the case was one of scarlatina, I have administered the champagne regularly and freely. The more severe the febrile symptoms, being convinced that they resulted

from an atonic rather than an opposite state, the more bold has been my administration of the stimulant, and these symptoms have always diminished in violence instead of being increased by the treatment. The rash has come out more freely; I have not had one solitary example of diseases of the ear, or of malignant sore throat; but one of unconsciousness, with a typhoid condition; and also but one solitary instance of nephritic dropsy. The last case only confirmed my views. The young child of a professional man was seized with the fever, but the attack was very much masked in its early stage. Three days elapsed before I could satisfy myself that the case was really one of scarlatina; and I believe that the loss of these three days, during which champagne was not administered, had much to do with a *slight* attack of dropsy with albuminuria, which followed in about three weeks. Of course I do not believe in universal remedies of any kind, but I am convinced that in the disease under consideration, the true plan of treatment is to save the patients from the stage of depression instead of trusting to our power of lifting them out of it at a later period. One of the latest cases which I attended illustrated the possibility of doing this in a remarkable manner. A fine boy, seven years of age, was attacked very smartly in March, 1869. Within forty-eight hours after I first saw him his lips had become dry and brown, his tongue being the same. Sordes gathered about his teeth, and his throat was rapidly assuming an alarming condition, both as regards its appearance and his inability to swallow; but during that interval the child had taken two full-sized bottles of the best champagne, and in the forty-eight subsequent hours he drank two more. The result was that all the typhoid symptoms disappeared as rapidly as they arose, and in the evening of the fourth day the child was sitting up in bed merrily rejoicing over a basinful of boiled milk. I have not the slightest doubt that any delay in the administration of the stimulant would, in this case, have been fatal. The suddenness with which the formidable symptoms sprang up, and the rapidity with which they progressed during the first two days, were most significant of a serious result. They passed away again more rapidly than they arose.

Two points alone have I found requiring to be watched in connection with this plan. These are the possibility of sickness and of diarrhoea. Occasionally I have found it necessary to suspend the champagne for a few hours, falling back during the interval upon old port wine, but such cases have been rare. The fact that a young child of seven or eight years of age can take an entire bottle of champagne within twenty-four hours, not only without intoxication but without any signs of excitement, is, in itself, significant of the atonic condition of the nervous system and of the necessity for upholding it *from the beginning*.

In addition to this plan of treatment I believe it difficult to exaggerate the importance of caution in the after treatment. After the first week I gradually diminish the stimulant, but rigorously enforce confinement to bed during the first three weeks, and