

juice of fresh boiled vegetables and savoury herbs, and too add it to these clear animal soups. "Fruit soups" are used in Germany, and are made by boiling fresh or dried fruits with water, expressing the juice and straining.

I am not one of those who think ill of beef-tea as an invalid food, but I object to making either beef-tea or milk the universal invalid food, and I see no reason why we should desire to use such very concentrated beef-teas, when we know that fever patients need so much water. I regard beef-tea as an excellent stimulant and restorative, as it contains very little, if any, albuminates in solution. But it contains gelatin, which is very readily digested, and appears to serve as an "albumen-sparing" food in the body, as well as saline and stimulating extractives.

I was greatly surprised a short time ago on being told by a hospital sister, that in the hospital she nursed in they were forbidden to put any salt into the food of the typhoid patients. Surely this was a very unwise regulation. If chloride of sodium is so important in health, may it not be quite as important in disease?

Dr. Lauder Brunton has hinted, in one of his suggestive papers, that beef-tea may occasionally contain peptones, which by passing directly into the general circulation, act as poisons; and he asks the question "whether beef-tea may not very frequently be actually injurious, and whether the products of muscular waste which constitute the chief portion of beer-tea or beef-essence, may not under certain circumstances be actually poisonous?" I leave you to answer this question, contenting myself with remarking that I have never encountered a case of "beef-tea poisoning." And this brings me to another consideration, and that is the administration of peptonised or predigested foods to invalids. I must leave this large subject mainly in your hands, or I should have to occupy far too much of the time available for this discussion. I will simply remind you that it has been authoritatively suggested that "digestive ferments," and "artificially digested foods" "may be edged tools and capable of doing harm as well as good." But with you, sir, to direct us in a subject you have made so peculiarly your own, we can scarcely go wrong.—I. Burney Yeo, M.D., F.R.C.P., in *Brit. Med. Jour.*

(To be continued.)

TREATMENT OF MEDICAL EMERGENCIES.

The surgical emergency has been the subject of numerous addresses and papers, but the medical emergency has rarely, if ever, received systematic consideration. Yet the instances in which it de-

mands treatment are scarcely less numerous than in the case of the former.

In the *University Medical Magazine* for January, 1890, Professor Tyson contributes a valuable paper as to the treatment of the more frequent medical emergencies, of which the following abstract represents the most important points:

Under the head of the treatment of medical emergencies, Dr. Tyson refers to the treatment of—*first*, syncope, or fainting; *second*, the apoplectic seizure; *third*, the convulsion, whether caused by epilepsy, Bright's disease, peripheral irritation, or hysteria; *fourth*, lung hæmorrhage; *fifth*, nasal hæmorrhage; *sixth*, gastric and intestinal hæmorrhage; and, *seventh*, asphyxia or suffocation.

1. In fainting, the heart does not cease to beat, unless it be fatal syncope, but its action becomes so feeble, and the quantity of blood sent out so small, that there is not enough sent to the brain to maintain consciousness.

The symptoms of fainting are, of course, familiar to every one. In the treatment of syncope, the first step is to place the patient in a recumbent position flat on the back, with the head low. The clothing should be loosened around the neck and body, the access of fresh air should be freely permitted, and to this end persons should be kept at a distance. Diffusible stimulants, as aromatic spirits of ammonia, and brandy or whiskey, should be administered, or strong ammonia may be inhaled. Cold water may be dashed in the face, the respiration being thus excited and in turn the heart caused to beat. If recovery unsue, the heart's beat becomes more distinct, the pulse reappears at the wrist, and consciousness slowly returns. It is only in cases where the heart is too badly damaged, as where there is fatty metamorphosis of its muscular fasciculi, or its valves are badly diseased, or where too much blood is drawn off, that resuscitation fails to take place.

2. The apoplectic seizure is a most dangerous condition. Accompanied, like fainting, by unconsciousness as an essential symptom, it is due to a very different cause. There is here too much blood in the brain, either within or without the blood-vessels. In treating it the patient requires to be bolstered up, the head high, and the blood kept out of the brain as much as possible. In the true apoplectic seizure, with even a moderately strong pulse, blood is to be taken from the arm freely, sixteen ounces or more. Simultaneously an aperient, which in the absence of consciousness must be one of which the dose is small, as $\frac{1}{6}$ of a grain of elaterium in pill or powder, or a couple of drops of croton oil in a teaspoonful of sweet oil or glycerine. A large enema, to which an ounce of turpentine is added, is useful. Ice to the head—an ice-cap—may be used. Of less service is counter irritation to the nape of the neck or the temple by a blister.