

butter; custard of eggs and sugar-free milk; and cheese with protene bread and watercress. Beverage: whiskey and water, or any dry, natural wine.

SUPPER.—A cup of well-made beef-tea; eggs in some form—e.g., as an omelette, with as much butter as possible; fish or cold meat; and cheese with protene bread and butter, and a salad with plenty of salad oil. Beverage: a glass of sugar-free milk.

The rest of the milk, sufficient to make the total daily allowance up to three pints, should be taken as a beverage between the chief meals.—*The Lancet*.

ACUTE CARDIAC FAILURE.

Richard Douglas Powell, in the Cavendish Lecture, mentions among the causes of this accident direct injury, as when a healthy man ruptures, during a violent exertion, one of his aortic cusps, the displacement of a clot from a systemic vein, and cardiac failure from over-taxation. There are always two factors at work, direct fatigue of the nervo-muscular tissues and a poisoning of the blood from an auto-metabolic source. Among the concomitants of heart distress or failure during violent exercise, as running, vomiting is one of the most common. One of the most constant after effects is anæmia. Gastro-intestinal attacks, vomiting, and diarrhœa are not uncommon occurrences in those who, habitually leading a sedentary life, suddenly take to exhausting exercise. The heart of a child between six and twelve is, according to the author, relatively hypertrophied, which is to be ascribed to the ceaseless activity at this age. A point often forgotten in the case of young children is their special aptitude for short spells of active exercise, but their complete unfitness for prolonged monotonous exertion. The treatment of acute cardiac failure from overstrain involves a few weeks of rest and many months of careful supervision. In many there is a feeble lung capacity, and for such cases well ordered respiratory exercises are of great utility.

The following are the special factors in acute cardiac impairment in acute disease: (1) maloxxygenated and otherwise contaminated blood-supply to heart muscle and nerve; (2) excessive weight of blood burdening the heart; (3) exhausted innervation from sleeplessness and physical cardiac fatigue; (4) positive obstruction to the flow of blood through the lungs; and (5) changes in the texture of the heart muscle incidental to the disease and especially to the