

artificial feeding, and the depressed condition of the reflex functions may operate in the same way. Clark adduces three cases in illustration of this which came under his observation two years since. These patients had their food injected four times each day for seven weeks, and yet they steadily lost weight, although they offered little or no resistance to the artificial mode of alimentation. Various dietetics, therapeutic, stimulant, and digestive combinations were tried, the cases being of the most asthenic, unpromising kind. The secretions were altered or arrested, the mucous lining of the throat relaxed and irresponsive, or red, irritable, glutinous. Trial was made of egg custard with milk, brandy or whiskey, beef-tea thickened with potato, Bengel's liquor pepticus and liquor pancreaticus, Carnrick's cod-liver-oil emulsion, calomel, acid, and nux vomica, bismuth, and washing out the stomach with Condy or carbolic acid. Finally the pump and tube were discarded, and attendants were instructed to use their utmost endeavors to encourage self-feeding with appetizing and dainty morsels frequently repeated. The total amount of food consumed became thus a mere fraction of that daily injected for seven weeks; but, on the other hand, the improvement in nutrition was gratifying in the extreme after the lapse of a few weeks. Clark explains this by the aid of the statement of Lauder Brunton and the observations of Richet above cited.

[We imagine that still greater benefit would have been derived from combining the gavage with the self-feeding, and that the full benefit of the masticatory act might have been obtained by the use of flavored chewing gums.—ED.]

#### Manganese and Menstruation.

The sum of results of a great number of observers amongst whom may be mentioned Fordyce Barker, Martin, (Chicago) and Bartholow, is that in the various compounds of manganese, we have at present the most valuable remedies for menstrual disorders of the most opposite kinds, since they appear to be almost equally efficient both in amenorrhœa and menorrhagia. Fordyce Barker says he has achieved the best results in certain selected classes of cases as below:

1. In young ladies who come to New York to finish their education, leaving a comfortable home for a boarding school with more or less uncongen-

ial surroundings, and consequent homesickness, with various neurotic ailments, one of which is apt to be suppression of menses.

2. In women, whether young or old, who have just returned from Europe, in whom the sea sickness and other discomforts of the ocean voyage have produced suppression. These he cures invariably.

3. In those women who develop a decided tendency towards obesity when they became thirty, or thereabouts, and who suffer from various disorders, both physical and psychical, as a consequence, in whom catamenia usually disappear, or become very scanty, causing thereby aggravation of their other troubles. To these, and to his other patients requiring the remedy, permanganate of potash is administered in doses of two grains three times a day, followed immediately by half a tumbler of water.

One of the most objectionable features in its use appears to be distressing gastric symptoms, irritability of stomach and substernal pain. These, however, are stated by some to be purely due to the method of simply administering the drug being given in pillular form.

The best method of administering it is to give a two-grain pill of the binocide three times a day with a glass of water or milk. It is very necessary that at least a tumbler of liquid be taken with each pill. The treatment may be continued for weeks. Dr. Martin overcame the gastric symptoms in a number of his patients by rubbing in 3ss of an ointment made by dissolving manganese oxide in oleic acid in the proportion of 1 to 5. He considers the beneficial effects of the drug to be due to action on the nerve supply of the genital system.

#### Selection of an Anæsthetic.

Dr. A. G. Gerster (*Medical Record*, April 25, 1887) in reviewing the subject of the proper selection of chloroform or ether as an anæsthetic, sums up as follows:

(1) Ether should not be used as an anæsthetic in cases of present or suspected acute or chronic nephritis, nor on patients suffering from chronic pulmonary affections, especially if elderly persons.

The change from ether to chloroform is justifiable and proper when complete relaxation and insensibility cannot be induced by the former agent, and where local anæsthesia by cocaine is impracticable.