certainly, and patients with cavities leave the hospital very greatly benefited by their stay. As to question of cough and its treatment, a cavity counts for nothing; the cough certainly may be connected with its contents, or perhaps the condition of its wall. But the fact of the patient being in the third stage of phthisis (following the classification of Pollock in his "Elements of Diagnosis in Phthisis") does not effect the treatment.

Finally in dealing with cough the physician must observe and reason upon the cause of the cough, what it accomplishes, and how it affects the patient before proceeding to deal with it. Some cough is useless because ineffective, and needs some stimulating expectorant to render it efficacious—a very common affair; some cough is useless from every point of view, and so requires a sedative; and here the physician must decide in each case which is the lesser of two evils—the cough or the sedative.—*London Med. Record.*

FEEDING BY RECTUM.

By W. Julius Mickle, M.D., M.R.C.P. Lond., in *The Practitioner*.

There are many cases in which rectal feeding is beneficial; there are others in which it may become necessary for the saving or the lengthening of the patient's life. But I have no wish to unduly extol the rectal method of feeding, or to suggest its use when the more natural methods are feasible and effective.

The cases with which this paper is concerned may be spoken of as in several groups, loosely associated, for the moment, with reference to their suitability for the use of nutritive enemata.

Thus we may bring together cases, such as cut throat, inflammation of throat from the swallowing of caustic substances, diphtheria, diphtheritic paralysis of the throat, severe stomatitis or quincy, post-pharyngeal abscess. Or, again, where the œsophagus is compressed, or cancerous or strictured; or in spasm, made worse by attempts to swallow or to pass a tube, such as spasm of œsophagus in cerebritis, and some aggravated cases of hysterical spasm. Laryngeal phthisis, or syphilitic (and other) laryngeal stenosis, with extreme dysphagia, may indicate and justify rectal feeding.

Another group consists of gastric and abdominal affections often associated with vomiting and severe pain on eating—affections such as cancer, ulcer, atrophy or severe catarrh of stomach; or dilatation of stomach, with severe pain and vomiting; or extreme dyspepsia and irritability of stomach; or obstinate vomiting with ovarian disease, or with hysteria, or of uncertain origin; some cases of obstinate obstruction of intestine and vomiting, or of ulceration or hæmorrhage of small intestine; tabes mesenterica; peritonitis; renal calculus with reflex gastralgia and emesis.

Still another group consists of cases in which nutritive rectal injections may be given in affections such as the anæmias, neuralgia, phthisis, or to supplement the work of the stomach where there is either general or digestive weakness.

There is another group of cases in which the use of rectal feeding is highly advantageous. It consists chiefly of cases of apoplexy, or of excessively frequent and severe epileptic convulsions; or, again, epileptiform seizures, or of severe apoplectiform attacks, with stupor and coma. Seizure of these kinds are to be frequently found in general paralysis, and in various local, in "focal" softening or hæmorrhage; in thrombosis, embolism, or the various local pathological sequelæ of these or of brain injury. In many of these cases the attempt to feed the patient by mouth ends in the food, whether liquid or solid, being inhaled into the lungs. Even the attempt to feed by stomach-pump, by œsophageal tube, by nasal tube, or by funnel—or, in fact, to in any way get the food into the stomach—is sometimes followed by severe dyspnœa and threatened asphyxia. But the danger to which I would now particularly draw attention is that the introducing of food by this route sometimes occasions vomiting; or vomiting may be present independently of the passing of any tube. Here, then, is a patient who is helpless, or in stupor or coma, or paralysed, or convulsed, or anæsthesic locally, according to the circumstances in each case. If food is now successfully placed in the stomach—and this in many cases is difficult, in some impossible—it may not be retained there, but being only ineffectually and partially vomited or eructated, may be at once inhaled into the air-passages, be drawn into the bronchioles and alveoli, increase the already existing pulmonary congestion, and, the patient being in a state of depressed vitality, and there being difficulty in the throwing off of secretions and foreign substances by the lungs owing to this, to the local engorgement of the parts, and to the feeble expiratory power at the command of the automatic mechanism—the inhaled and not expelled food may set up a rapid destructive form of lobular pneumonia, or even of lobular gangrene. Under these circumstances even the salivary and other secretions, if inhaled, appear to be harmful, and the lungs and kidneys are congested for the time, albumen and even blood-cells and casts being often shed by the latter. It is unnecessary to insist upon the importance of rectal feeding in many of these cases.

Tetanus in another form of nervous disease in which rectal feeding is highly serviceable.

As I do not wish to deal with the present subject from the point of view which particularly offers itself to me as a specialist, I shall merely mention—and this only in order that I may not ignore it—the enormous usefulness of rectal feeding in some cases of insanity with refusal of food, if and when the passing of an œsophageal tube causes vomiting or severe dyspnœa, or with such insane persons as refuse food and resist being fed, when, by reason of their diseased state of brain, heart, or lungs, efforts and straining against the stomach-tube endanger life.