

sinus, but only got a result similar to using chromic acid or nitric acid alone. Even with all these methods I have two cases that appear to be incurable, still discharging a serous fluid and occasionally pus, both of which negative tuberculosis, and any hints or new methods will be hailed by my patients and myself with delight.

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## DIET IN LITHÆMIA. \*

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Lithæmia is a somewhat indefinite term usually employed to designate the condition indicated by such symptoms as insomnia, vertigo, tinnitus aurium, fulness of the head, general nervousness, depression of spirits, flatulent dyspepsia, sluggish bowels, irregular pulse, attacks of palpitation, etc. It is an important factor in the production of asthma, rheumatism, gout, migraine, eczema, and to some extent, also, diabetes and epilepsy, each of these bearing a certain relationship to the others. Thus it is not uncommon in following up a family history for two or three generations to find that one member has asthma, another rheumatism, a third diabetes, a fourth epilepsy, etc., etc., while all are nervous and dyspeptic. Now, while it is obvious that the dietetic as well as the medicinal treatment of each case must vary according to the factors which enter into the production of the peculiar form of manifestation of lithæmic diathesis (if such a term is allowable), with the idiosyncrasies of the patient, his surroundings and habits of life. Still there is one element which must be reckoned with in all these cases, viz.: deficient elimination of nitrogenous waste. It would seem, therefore, a natural inference that the indications are to reduce the animal foods in amount or temporarily withhold them altogether, and in the case of plethoric patients, or those of a vigorous constitution, this would to a great extent be true, but in this country the majority of cases of lithæmia are of the asthenic type, and such patients require a generous diet, with rest of mind and body.

It must be remembered that although one of the chief indications of the lithæmic condition is a highly acid and concentrated urine of high specific gravity, with deposits of uric acid and oxalate of lime, still the kidneys are not the organs at fault, but rather those organs that are engaged in assimilation, or in the separation of excrementitious matters from that which can be used in the economy of the body. On inquiring into the habits of these lithæmic patients it will generally be found that they consume an excess of carbonaceous food. Now sugars and starches are converted into fat by complicated chemical actions within the body. This process is effective in many of these patients, or if not defective constitutes a drain on their resources. The excess of carbon goes to make up oxalic and lithic acids, and thus the patient is injured. On making particular inquiry into the food used in each meal, which should always be done, we are apt to find something like the following: Breakfast, porridge so called, i.e., oatmeal put into boiling water and left there a few minutes. This is either with sugar and

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