

pia, characterized by a rapid failure of sight, a central scotoma for red and green, and no marked changes to be discovered with the ophthalmoscope. Dr. Powers has advised the inhalation of nitrate of amyl as of great temporary benefit. If there are no pathological changes in the retina, optic nerves, or cerebral centres, then the necessity for specific medication is uncalled for. I may thus summarize my conclusions on the subject:

1. There is a toxic amblyopia due to the excessive use of tobacco.

2. That the excessive use of alcohol, or other toxic agents, does not produce the same or a similar amblyotic condition, although by their depressing influence on the vital functions they may serve as predisposing causes.

3. Tobacco amblyopia does not usually lead to total blindness. The disease is essentially a functional one. Gross pathological changes have not been demonstrated either in the retina, optic nerve, or cerebral centers.

4. The course of the disease may result in a certain amount of failure of sight and then remain stationary, even though the tobacco habit be not entirely given up.

5. Stopping the use of tobacco will result in recovery of sight without the use of specific medication, although the use of strychnia and tonics, by increasing the general tone of the system, may hasten a cure. The moral effect of taking something to replace the loss of the tobacco is of great value.—*Am. Pract. & News.*

**RECTAL FEEDING**—From a study on the subject of rectal alimentation, Dr Weaver (Transactions of the Luzerne County Medical Society) has formulated the following conclusions:

1. By the use of enemata life can be sustained indefinitely with little if any loss of weight to the body.

2. In a larger proportion of cases in which rectal aliment is used, true digestion, of albuminous, saccharine, and fatty food takes place by virtue of inhausion, or a reversal of the normal peristalsis of the alimentary tract.

3. While this is the case, there are doubtless instances in which retrostalsis does not occur, and for that reason the food used should first be artificially digested before being injected into the rectum.

4. While milk, eggs, and brandy are the best aliment for rectal nutrition, no one article should be used for too long a time, but frequent changes should be made, observing the greatest care to prevent irritation of the rectum, or intolerance of that organ for the nutriment required.

5. The enemata should, if possible, be administered by the physician himself. Where difficulty in retaining the aliment is encountered, the colonic method is preferable, the food being propelled

through a rectal bougie. The food should be of the temperature of the body.

6. The rectum having once become intolerant of the enemata, absolute rest must be given to that viscus for a few days, and reliance be placed on nutritious inunctions of the surface of the body.

7. For rectal alimentation there exists a wider range of usefulness than has heretofore been assigned to it. It is not only appropriate in the severer forms of chronic diseases of the stomach and esophagus, but is indicated and should be utilized in the management of all acute diseases when, from any cause, the stomach becomes intractable and rebellious.

8. In diseases of the stomach, even where a portion of the food ingested is retained by that organ only to undergo fermentation, inducing thereby pain and distress, it is more logical to resort to rectal alimentation, not as an adjunct to, but a substitute for stomachal injection.

9. Certain organic lesions, as well as functional disturbances of the stomach, are curable by means of rest to that organ, and by no other means. In rectal alimentation we have a safe and sure means of nutrition, pending the necessary period of rest.—*Dietetic Gazette.*

**BILLROTH ON MACKENZIE.**—The *British Medical Journal* publishes the following translation of a letter addressed to the *Neue Freie Presse*, by Professor Billroth, dated March 27th:

"With reference to your request for my opinion on Mackenzie, I can only reply that I have always warned people against passing a judgment on a man who, as a physician, occupies so difficult a position. I have never doubted the correctness of the diagnosis of my Berlin colleagues, but I have also never been able to understand what political reasons had made it necessary to communicate this diagnosis to the whole world. It cannot be admitted that Mackenzie, with his vast experience, has ever doubted the correctness of this diagnosis. If he behaved in such a way as to imply that he had some doubt about the correctness of this diagnosis, this could only be owing to pressure from above, or from motives of humanity. I know such situations from my own experience. One is not inclined to disapprove the statements of one's *confrères*, but, at the same time, one is not inclined to tell the patient that his malady is incurable, for the known want of infallibility in medical diagnosis is almost the sole ray of hope to the unfortunate incurables. Falsehood, in such cases, becomes a moral act. The entire behaviour of Mackenzie must, no doubt, be judged from this point of view. He did as a man and a physician what was still possible to be done when the unfortunate word 'cancer' had already been pronounced.

"In much the same terms as these I have, on different occasions, expressed myself as to Mac-