

the tincture of the chloride. If salicylates are given to such patients they should be discontinued as soon as the acute symptoms are overcome, the iron being given from the beginning and continued.

In children, in whom as already pointed out, rheumatism is so seldom acute, there is rarely occasion for heroic treatment with salicylates; besides it is probable that the alkalies are more potent in them in preventing the heart affection. Then the first tendency to anæmia in rheumatic children should be constantly before our minds and no effort should be spared in counteracting it by every possible means; therefore great care must be exercised in diet, which should be nutritious and easily assimilated. At the same time care is needed to prevent over feeding and the risk of a relapse.

The securing of adequate rest is the most difficult part of the treatment of heart disease in children, especially in boys, particularly as the rheumatism is usually so mild. When first seen, the heart is often affected. Many a boy has had his heart irretrievably damaged and his life cut short by being allowed, while subject to latent recurrent attacks of rheumatism, to indulge in the usual games that are healthful to the healthful boy

Selected Articles.

A CLINICAL LECTURE ON COMMON DISEASES OF THE RECTUM.

We are constantly having in the wards cases of severe disease of the rectum—I mean cases of piles which require operation, cases of fistula, and cases of cancer. I propose to-day to speak rather of the commoner cases of disease of the rectum, such as you will meet with among out-patients and in your own practice later on. Ordinarily the rectum performs its function without any disagreeables, and when one has a healthy evacuation of the bowels there is a feeling of relief which is somewhat remarkable. That evacuation, of course, should be perfectly painless, and in the great majority of instances it is so; but you will find, when you get into practice, that patients will complain to you in the first place that they cannot get the bowels open, and then perhaps they will say that when they have had them opened they suffer such pain that they dread every operation.

With regard to the question whether a daily action of the bowels is essential to good health, I

may say that no doubt, with the great majority of persons, a daily action is a necessity, but still you may meet with people who are a little different in that respect, and will go two, or even three or four, days without evacuation and without any discomfort. I mention that because it is well to consider the idiosyncrasy of each individual. It is of no use, where you have torpid bowels and a weak condition of the muscular fibre generally, such as you meet with for instance in elderly females and anæmic persons, to try and force them by violent purgation into the ordinary daily habits of healthy people. Of course, if you take a healthy person, you have there a standard, but you may find variations from it for which you must be prepared. As to the time at which the bowels should be opened, that of course in many cases, is a matter of simple convenience. The busy man, going off to catch a train immediately after breakfast, had better perhaps have his bowels opened at night, but a person who has a little leisure, and, moreover, is able to enjoy that matutinal pipe which, I am told, is so extremely useful in producing an alvine action, may well repair to the water closet after breakfast; but take my word for it, that patients who have anything the matter with the rectum, who suffer in any way upon the discharge of feces, should, as a rule have their bowels opened at night; and the reason is obvious. The action of the bowels takes place more conveniently after they have undressed: that is an important point in connection with women who wear tight stays—when they are in their dressing-gowns or nightgowns they have much more power to empty the bowel than at any other time, and immediately after they have done so they can repair to bed, where they can lie in a horizontal position for eight or ten hours, so that any little inconvenience, any disarrangement of the vascular supply of the bowel passes off, and in the morning they are quite well.

If there is any difficulty about the action of the bowels patients are only too ready to fly to purgative medicine. You have only to read the advertisement columns of the newspapers to see what fortunes are made by purgative pills. The great secret of these pills is that they are extremely mild, so that it takes half-a-dozen to produce any action, and the patient will very soon get through a box of twenty or twenty-five, and then will have to buy another box. There is a sort of popular idea that anything like aloes is very apt to do harm to the lower bowel. I believe that is a pure delusion. Patients who have trouble about the rectum can use aloes without any particular disadvantage; indeed, I think it is rather a good drug to prescribe, because it has a stimulating effect upon the lower bowel.

Then, besides purgatives, which are not to be had recourse to unnecessarily, we have ordinary