## A CASE OF CARDIAC ARHYTHMIA.

RIDLEY MACKENZIE, M.D. and W. S. MORROW, M.D.

Dr. Morrow made some remarks on the physiological aspects of the case. He emphasized the fact that the pnuemogastric nerve was essentially inhibitory to the respiratory centre and that when irritated and stimulated it brought about marked shallowing of the breathing. He said that this fact has not yet been fully recognized in physiological text books with the exception of that by Howell. The best account is to be found in two papers by Lewandowski in Du Bois Raymond's Archives for 1896.

RIDLEY MACKENZIE, M.D.—I recognized that this case was more of physiological interest than clinical though I was far from satisfied about the condition. However, after Dr. Morrow had made his observations I could understand the condition better.

## TRAUMATIC ASPHYXIA.

C. K. P. HENRY, M.D. read the report of this case.

C. K. P. HENRY, M.D.—The patient's respirations ranged from 24 to 26 and they were of a shallow character. Another case is now in the wards who also suffered from traumatic asphyxia and his condition was more favourable in its outcome though he suffered from a fractured rib for which he is still under treatment. Cases have been reported by Beach and other observers. A point noted in all cases is the increased rate of the pulse and this same shallow respiration.

D. J. EVANS, M.D.—Dr. Little has summed up the subject in a very clear and comprehensive way and I agree with almost everything he has said. The points he has made in regard to the diagnosis in the streptococcus forms of infection (which, after all, is the infection chiefly to be feared) are of great importance. I cordially agree with his views in regard to the treatment of these infectious cases. One of the most important points is leaving the patient alone. Constant manipulation of the parts resulting from efforts at douching, etc., can only do harm. Good involution is to be brought about if possible and in this connection I am a great believer in the value of ergot and quinine. Beyond securing good drainage and supporting the general strength of the patient very little can be done, until there is special indication for surgical interference as a result of the infection having become localized. The condition of the bladder is particularly important as the over-filling of this viscus tends to interfere with proper drainage.

I am under the impression that the broad abdominal binder is not infrequently the cause of defective drainage by crowding the body of the uterus down into the pelvis and so obstructing the outlet of the cervix. In all cases it should be dispensed with a few hours after delivery.