

ADVICE TO DYSPEPTICS.

Prof. Flint in his remarks on the dietetic treatment of dyspepsia, before the New York State Medical Association, says to dyspeptics: "Do not adopt the rule of eating only at stated periods—twice or thrice daily. Be governed in this respect by appetite; eat whenever there is a desire for food. Eat in the evening, or at bedtime, if food is desired. Insomnia is often attributable to hunger. In the choice of articles of diet, be distrustful of past personal experience, and consider it to be a trustworthy rule that those articles will be most likely to be digested without inconvenience which are most acceptable to the palate. As far as practicable, let the articles of diet be made acceptable by good cooking; as a rule, the better articles of food are cooked, the greater the comfort during digestion. Never leave the table with an unsatisfied appetite. Be in no haste to suppose that you are separated from the rest of mankind by dietetic idiosyncrasies, and be distrustful of the dogma that another man's meat is a poison to you. Do not undertake to estimate the amount of food which you take. In this respect different persons differ very widely, and there is no fixed standard of quantity which is not to be exceeded. Take animal and vegetable articles of diet in relative proportions as indicated by instinct. In the quantity of drink, follow nature's indication, namely, thirst. Experience shows abundantly that, with a view to comfortable digestion, there need be no restriction in the ingestion of fluids."—*N. Y. Medical Journal*.

Prof. Lasègue, of Paris, says:—It does not appear to me that the alimentary regimen deserves to occupy a very high position in the treatment of constipation. Certain articles of diet, it is true, such as stewed prunes, figs, bran or "Graham" bread have the reputation of ensuring regularity of the bowels. From my own observation I should say that fecal movements obtained in this way are obtained at the expense of a slight indigestion, and that if the laxative food has precipitated an evacuation and thus rendered a service, it has not been without a resulting irritation of the digestive tube which is in some degree harmful.—*Therapeutic Gazette*.

THE RATIONAL TREATMENT OF CHOREA.—Six years ago Dr. Van Bibber read a paper before the Medical and Chirurgical Faculty of Maryland upon a treatment of chorea. From that time it has been unnoticed either adversely or favorably. Having seen eighty-six cases of this disease within a year, and the treatment then suggested having been successfully carried out, including many cases which were becoming worse under the usual remedies, he submits a report of them. The treatment consists in putting the patient to bed, putting the muscles in the best position for rest and avoidance of those sources of irritation which would cause them to contract and produce that condition which it is desired to cure. Massage is to be thoroughly used three times a day. Massage will quiet the restlessness, which comes on in the afternoon, sooner and more permanently than any other means. All unnecessary talking to be avoided. Diet to be nourishing and abundant. The usual remedies can be given in addition, the patient being in the best possible condition to be favorably affected by them. The confinement to bed seldom extends over a month.—*Archives of Pediatrics*.

"ON DEGLUTITION SOUNDS."

Dr. Meltzer continues previous observations with regard to the auscultation of the sounds of deglutition. A "pressing-through bruit" can be distinctly heard by applying the stethoscope to the angle formed by the xiphoid process of the sternum and the left costal arch. This bruit is never missing when the stomach is empty; when the contents within the stomach accumulate this bruit becomes higher in pitch, and entirely disappears with a full stomach. The bruit can be heard all over the region of an empty stomach, and is therefore of diagnostic value in dilatatio ventriculi. This bruit is generally heard six seconds after swallowing. Another bruit in the same place, never noticed under normal conditions, can be distinctly heard in cases of phthisis with a tendency to vomit after severe coughing, in syphilis of old standing, and in some cases of diphtheritic and saturnine paralysis. This bruit—injection sound (Durchspritz-Geräusch)—is never heard at the