

preparation is made by mixing 1 oz. of wheaten flour with 10 oz. of milk, and boiling for three or four minutes; then removing it from the fire, and allowing it to cool to about 90°. One ounce of malt-powder previously mixed with 15 grains of bicarbonate of potash, and 2 ozs. of water, are then stirred into it, and the vessel being covered, is allowed to stand for an hour and a-half, at a temperature of from 100° to 150° Fahrenheit. It is then put once more upon the fire, and gently boiled for a few minutes. Lastly, it is carefully strained, to remove any particles of husk, and then it is fit for the child's food. The composition of the food, according to Dr. Liebig, is as follows:

Foods.	Plastic matt <sup>r</sup> . ozs.	Carbona- ceous matter. ozs.
10 oz. milk .....	0.40	1.00
1 oz. wheat-flour. 0.14	0.14	0.74
1 oz. malt-flour... 0.07	0.07	0.58
	0.61	2.32

The relation of the plastic to the carbonaceous being as 1 to 3.8, which is the right proportion for the food of children.

The effect of the malt-flour is to transform the starch into glucose, and thus the mixture gets thinner and sweeter as it stands; and the bicarbonate of potash is added to facilitate the change, and to neutralize the acid constituents of the flour and malt.—*Detroit Review of Medicine.*

**Distended Pericardium, threatening Death; Relieved by Paracentesis.**

Mr. Wheelhouse, records (*Brit. Med. Journ.*, Oct. 10th, 1868) the following case which he attended with Dr. Allbutt, September 18th, 1866, C. S., a gas-pipe layer, was admitted into the Leeds Infirmary under the care of Dr. Allbutt, suffering from very acute rheumatism, both muscular and arthritic, accompanied by dyspnoea and oppression. On examination, the pericardium was found to be considerably distended with fluid, and there was acute pain in the region of the heart. A large blister over the heart and full alkaline and opiate treatment was ordered for him.

On the 19th, at 11.30 P.M., Dr. Allbutt was urgently summoned to the assistance of this poor man, who was said to be dying. On reaching his bedside, he found that this statement was unfortunately only too true; and having, in the practice of the late Professor Trousseau, seen three or four instances, in which the operation of paracentesis pericardii was resorted to for the relief of similar conditions, he determined to seek surgical aid for his patient.

I reached the patient within half an hour, and found him sitting up in bed, his head resting on his hands, his elbows on his knees struggling for breath. He was covered from head to foot with a copious cold sweat, and his hair was dripping; his skin was dusky and cold, his eyes sunken and glazed, and for two or three hours he had been unable to speak. The case needed but a few words of explanation from Dr. Allbutt, who, telling me that he believed all medical treatment was exhausted, asked my opinion as to the possibility of saving the man by paracentesis. I believed that there was, so far, no successful case of this operation on record; but,

with dissolution staring the man so closely in the face, I felt that, at all events, he could not possibly be placed in a more critical condition by the operation, and therefore determined to give him the chance. I rapidly mapped out the area of pericardiac dullness; and, bearing in mind the normal position of the heart, I assumed what would probably be its altered position. My object was to strike the sac at the lowest possible point, and to avoid coming into contact with the thin walls of the distended auricle.

I chose for my purpose a small trocar. This I placed on the upper margin of the fifth rib, half an inch to the left of the sternum; and inclining it upwards and inwards, thrust it steadily forward through, the intercostal space, towards what I believed to be the centre of the ventricle. I pushed it onward until I could distinctly feel the movements of the heart with the instrument; and then, sheathing the point, I advanced the canula well up to the heart, until I could feel and see, and demonstrate to those around, the impulse of the heart as communicated to the instrument. The trocar was then withdrawn, and the fluid allowed to escape. This it did at first in a steady stream, which soon subsided into a saltatory flow coincident with the heart's contractions. The fluid consisted of a pale pink coagulable serum, and, upon the whole, about three ounces escaped. During the operation the patient gradually obtained relief; and after the canula was withdrawn, the bed-rest was removed, and the was able to lie down. The breathing was relieved, and was now only 36 per minute; and he was able to whisper to us that he felt unspeakable relief. The pulse had lost its rapid and struggling character, and could easily be counted, its number being about 110. The area of dullness was decidedly diminished. The operation was followed by several threatenings of syncope, which were, however, warded off by large and repeated doses of brandy, all other medicines being omitted.

Next day, the cardiac dullness had not increased; but in the evening the breathing became more laboured, and considerable delirium came on. Another large blister was placed on the region of the heart, and half a drachm of liquor morphine was given; ten drops were also ordered to be repeated every six hours. From this time the patient steadily improved, and on October 13th was discharged cured. On his discharge, the pericardial dullness was little if any, beyond the normal extent. There was a loud blowing systolic murmur heard over the apex.

Such is the case as you will find it briefly recorded by Dr. Allbutt; and my only object in bringing it again before you at the present time is, first, that I may say that the cure has continued perfect, and that the patient is still alive, and able to follow his employment; and secondly, that I may contrast the method by which I performed the operation, and attained perfect success, with that adopted by Prof. Trousseau in, I believe, every instance with a fatal result.

I used the simplest means I could think of; disturbed the natural relations of the important viscera with which I had to deal as little as possible, and was content with present relief, leaving all after-conditions to chance. I felt that, with a small trocar and canula, I could do very little harm