

58. **Tonic Use of Digitalis.**—Schmoll holds that digitalis acts as a specific on the tonicity of the heart muscle, and is indicated whenever symptoms point to a failure of that function. Its tonic effects are best secured with a dose equal to the amount excreted—about 0.1 gram a day—though doses of 0.15 and 0.2 a day sometimes can be taken for weeks without the appearance of cumulative effects. Loss of tonicity is shown first by general symptoms—râles over the bases of the lungs, enlargement of the liver, and slight edema of the ankles. Digitalis is indicated, therefore, whenever these symptoms appear, and especially, he states, in cases in which the patient, after recovering from a severe break in compensation, shows a tendency to fail on the slightest exertion.

61. **Disease of the Gall-Bladder and Biliary Ducts.**—In 156 of 249 patients in whom the diagnosis of some disease of the gall-bladder and ducts has been made, Lichty made gastric analysis with the usual methods employed clinically to determine the secretory and motor condition of the stomach; eighty-four (54 per cent.) had hyperacidity; thirty-one (20 per cent.) had subacidity; and forty-one (26 per cent.) had normal secretion. The motor function, so far as could be determined, was normal in about the same percentage of cases. Of the 249 patients on whom these observations were made, fifty-one came to operation; thirty of these were subjected to gastric analyses; sixteen (about 53 per cent.) had hyperacidity; eight (about 26 per cent.) had subacidity; and six (about 20 per cent.) had normal acidity. In a number of the 249 cases the gastric analyses were made because there were definite symptoms of gastric disturbance associated with the gall-bladder symptoms, but in some it was made because the gastric symptoms were the only ones present, and later, when treatment did not produce the desired results, the abdomen was opened and either gall-stones were found, or adhesions from a local peritonitis, due to gall-bladder infection, had occurred between the gall-bladder and duodenum, between the gall-bladder and stomach, or both. In several cases both gall-stones and gastric ulcer were found. From these figures it would seem that about 75 per cent. of all gall-bladder cases may be associated with a disturbance of gastric secretion, and of this 75 per cent., two-thirds have hyperchlorhydria. Gastric motility, as well as gastric secretion, was disturbed in about the same proportion of cases.

62. **Dyspepsia of Old Age.**—The senile dyspepsias are divided into two classes by Niles, the hyperkoric and the akoric. In the first, or hyperkoric cases, the degeneration and insufficiency of the digestive organs simply keep pace with the rest of the body. With decreased muscular activity there are decreased assimilative powers, and the patient finds that articles of food now disagree which were formerly digested with ease. The second class, or akoric dyspepsia, is generally found in obese old people, or in those in whom the mental edge, perhaps once sharp and bright, has been either blunted or worn off. The normal tonicity of the stomach gives place to relaxation, its walls become flabby, and more food is required to give the sensation of comfortable fullness. Pyloric insufficiency is generally present, while atonic constipation supervenes almost as a matter of course. Hunger cannot be satisfied, elimination is imperfect, and the intestines veer between obstinate constipation and hienteric diarrhea. In the hyperkoric dyspepsia the food should contain a minimum of non-digestible, non-nutritious elements and lime salts. Most of the predigested foods on the market are unavailable on account of their high percentage of alcohol, but the meat juices, peptonized milk, malted milk, lactone buttermilk, malt extracts, eggs, and the farinaceous foods may usually be given, to which, if deemed advisable, the gastric and pancreatic ferments may be added. The proportion of cellulose, which should properly enter into the dietary of adults so as to promote peristaltic activity, may be omitted from consideration, and all foods should be given in the most concentrated form, and in the shape most easily assimilated. The management of the akoric type of senile dyspepsia will call for infinite tact and discretion. Cathartics should be used with caution, and gentle methods for cleansing the bowels should be combined with measures to overcome subsequent weakness.

63. **Tuberculosis of the Bronchial Glands.**—Tuberculosis of the bronchial glands, according to Stoll, often exists as a dis-

tingent clinical entity, capable of diagnosis. The presence of dilated veins over the anterior aspect of the chest, spinalgia, interscapular or vertebral dulness, and vertebral bronchophony speak strongly for enlarged bronchial glands, the tuberculous nature of which is perhaps assured when in addition to the above the individual is under weight and has a paroxysmal cough and the symptoms of a tuberculous toxemia. The recognition of the disease, while it is still limited to the bronchial glands, is of the utmost importance, as we know the most salutary results of tuberculin therapy are obtained in glandular tuberculosis.

65. **Urine Excreted During Anesthesia.**—If it can be concluded from Bovce's observations that the renal function is greatly lessened while the patient is in the Trendelenburg position, then the danger of that position is at once appreciated. In renal inefficiency, and cardiac and arterial lesions, it seems that the use of the Trendelenburg position introduces a special element of danger, and this less markedly when ether is used than when chloroform is employed as the anesthetic.

#### Southern Medical Journal, Nashville

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- 67 \*Study of Human and Bovine Bacilli, Isolated from Eleven Consecutive Cases of Cervical Adenitis. W. Litterer, Nashville.  
68 Advance of Surgery. E. D. Martin, New Orleans, La.  
69 Education of the Specialist. E. C. Ellett, Memphis, Tenn.  
70 Treatment of Gastric and Duodenal Ulcers and Hyperchlorhydria. E. B. Block, Atlanta, Ga.  
71 A Summary of Cases of Malaria. J. M. Swan, Watkins, N. Y.  
72 \*The Nausea of Pregnancy. G. H. Fonde, Mobile, Ala.  
73 The Wassermann Reaction. J. O. Rush, Mobile, Ala.  
74 Salvarsan in the Hospitals of Paris. A. L. Fowler, Atlanta, Ga.  
75 First Measures Needed for Child Welfare on the Part of Municipal and Educational Authorities in the South. D. S. Hill, Nashville.

67. Abstracted in THE JOURNAL, Dec. 3, 1910, p. 2006.

72. Abstracted in THE JOURNAL, May 28, 1910, p. 1817.

#### New York State Journal of Medicine

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- 76 \*Diseases of the Stomach and Duodenum from a Surgical Standpoint. W. J. Mayo, Rochester, Minn.  
77 Is There Such a Disease as Neurasthenia? W. Browning, Brooklyn.  
78 Psychology of Tuberculosis. W. H. Kidder, Oswego.  
79 \*Care and Treatment of Epileptics. W. T. Shanahan, Snyden.  
80 Importance of an Early Diagnosis in Abnormal Pelvic Conditions. M. Gage-Day, Kingston.  
81 \*The Vein Sign in Abdominal Inflammations. W. W. Skinner, Geneva.  
82 Old Truths About Infant Feeding Worth Repeating. C. G. Leo-Wolf, Niagara Falls.  
83 Fibroid Uterus Didelphys. J. B. Conant, Amsterdam.  
84 \*Use of Antitoxin in Asthma. H. R. Parker, Barneveld.  
85 Gunshot Wounds of the Abdomen. T. Wright, Buffalo.  
86 Importance of Recognition and Treatment of Adenoids. A. H. Paine, Calcedonia.  
87 Relation of the General Practitioner to Refraction of the Eye. T. H. Farrell, Utica.  
88 Typhoid Resulting in Death from Unusual Complication with Masked Symptoms. A. B. Sullivan, Liberty.

76. Also published in *St. Paul Medical Journal*, January, 1910.

79. **Care and Treatment of Epileptics.**—It is Shanahan's opinion that in brain tumor and traumatic cases of epilepsy, patients who are operated on early, before several seizures have occurred to produce permanent damage, may be benefited in many instances. Careful after-treatment with sedation when indicated is of the utmost importance. But, he says, the epileptic is too frequently a degenerate with an abnormal nervous system which cannot be readjusted and made anew by operative procedure. The congenital defect is beyond renovation by surgical skill. A regular occupation, preferably out of doors, is essential for the able-bodied epileptic. Special instruction in the ordinary school branches and especially in manual training, should be arranged for the younger patients. This is important to inculcate discipline as well as for the knowledge acquired. There is no specific medication to be used in epilepsy, although the proper use of the bromin preparations approaches this in selected cases. Bromids should be given early and continued over a period of years. If a maximum continued dose of from 75 to 90 grains during the twenty-four hours does not control the seizures in an adult, it is not wise, in the average case, to push the drug beyond this point. The elimination of sodium chlorid