many can themselves secure the needful prompt reaction from the slight shock by briskly handling the bath towel. Such efforts, which may be termed the calisthenics of the bath room, should be encouraged according to the patient's powers.

As much food should be taken as can be well digested; and the determination of the amount of repose and of exercise respectively required must often be made more with reference to the working of the function of digestion than of any other function. When a large share of a profound general enfeeblement is visited upon the digestive function to such an extent that the organs of digestion are as indifferent to food as the tissues are disinclined to select and appropriate their pabulum, tonics are often for the time useless, and active exercise impracticable. Here is a case for continuous stay in bed, with passive movements and exclusively liquid diet plied vigorously and systematically. Here the logical necessity of the special plan of management identified with the name of Dr. Weir Mitchell is inexorable up to a certain point.

The total nerve force available is so small that the stomach needs all of it; all functions but those of digestion and assimilation need to be suspended, or at least made merely accessory for a time, and the individual reduced practically to a single organ;—*venter et preterea nihil*. It is merely carrying out to its logical conclusion a principle which needs to be recognized and extensively applied. It is that in neurasthenia, nerve power being deficient or unavailable, and insufficient to go around and give each organ and function a supply, the digestive organs are entitled to a full share reckoned by the standard of normal strength.

The function upon which the whole organism depends for the generation of force has a preferred claim, and only such overplus as there may be after this claim is fully satisfied should be distributed among the other creditors.

Little need be said of the use of medicines. Their rôle is a subordinate one; their usefulness is incidental, but not therefore trivial. A typical case of neurasthenia in a healthy subject may sometimes be successfully managed with scarcely any aid from drugs; but such cases are, perhaps, exceptional. The possible need of bromides has already been referred to. The persistence of distressing headaches will suggest the use of caffeine or some such nervous stimulant. It is at once an indication of, and an aid to, nutrition, that the bowels be free. Constipation, like headache, is often a symptom of neurasthenia, which will disappear under the policy of adjustment. If it do not, laxatives are needed. Medicines to aid the digestion and food tonics will be introduced at the discretion of the physician.

If there be uterine trouble this may sometimes be ignored or disregarded; but it should receive considerable and effective treatment in that class where the local disorder is one which does not yield to general recuperative influence alone, but which remains to vex the nerves and retard the nutrition unless relieved by interference.

In discussing this subject an underlying idea has been that, as a rule, there should be, and generally there is, no place so suitable for the management of neurasthenia as home; and that the family physician should regard such cases as his peculiar charge, and success in their treatment as his duty. The physician who can appreciate and make available the advantages and

resources of the home will find no difficulty in deciding at what point or stage in the treatment of a case a temporary change of scene shall be expedient and desirable; nor will he fail to recognize and set apart in the category those cases, comparatively few in number, where some of the surroundings and influences of home are essentially harmful and radically incapable of adjustment, but remain as an insurmountable bar to the patient's progress. For persons so circumstanced, and for that larger number who are dependent on their own efforts for a livelihood, and whose pecuniary resources cease when their strength fails, admission to an institution for the care and treatment of nervous invalids is a priceless blessing.

My closing word shall be a tribute of respect and admiration for those public benefactors who endow such asylums, and for the physicians who, in the care of the inmates, give without stint, their time, experience, and skill, at the risk of exhaustion of their own reserve of nervous power.

A CASE OF CROUPOUS PNEUMONIA OCCURRING IN A CHILD WITH SERIOUS MITRAL DISEASE. RECOVERY.¹

BY ELBRIDGE G. CUTLER, M. D.

MARY M., thirteen years of age, an inmate of an asylum for girls for some years, was sent to me in July or August, 1882, as she was rather pale and seemed delicate, with the inquiry if she were not a fit subject for a few weeks in the country. The child was rather small and thin, and her face was pale. The visible mucous membranes were a little anæmic, and after a few questions I placed my ear on the chest, expecting to hear at most an anæmic souffle. To my surprise there was a very powerful cardiac impulse with a loud systolic murmur, and on careful examination I found considerable cardiac hypertrophy resulting from disease of the mitral valve. There was a systolic murmur heard loudest at the apex of the heart, and propagated towards the scapula and distinctly audible in the back. The pulmonary second sound was accentuated, and the right side of the heart distended. The patient received small doses of iron and later digitalis, as her feet swelled a little, and went into the country for several weeks. She returned home much invigorated, and I saw little of her till about the 1st of December, when she had several pretty severe epistaxes in the night at intervals; a deep-seated cellulitis at the base of the neck on the right side, requiring incision, came on at about the same time, and rather dragged her down.

At this time, December 1st, the physical examination of the heart was as follows: There was flatness on percussion a little to the right of the sternum at the level of the third intercostal space, which at the fourth rib was one and a half fingers' breadth to the right, and below curved in a little. To the left of the sternum the flatness began at the upper part of the sternal end of the third costal cartilage and extended out in a descending line to one and a half inches beyond the left nipple on the fifth rib. The whole breadth of the heart in its greatest diameter was five and one quarter inches. The circumference of the chest at the nipples

¹ Read before the Section for Clinical Medicine, Pathology, and Hygiene of the Suffolk District Medical Society, April 11, 1883.

was twenty-four inches. The same systolic murmur was heard, and the pulmonic accentuation was marked. She had to be kept on one floor on account of the dyspnoea provoked by the exertion of climbing stairs. A small quantity of digitalis seemed necessary to keep up the compensation. The Sunday before Christmas the child attended church, and a few days later went to some sort of celebration in the evening. On the afternoon of the 29th of December she was seized with pain in the left side low down and in the back under the angle of the scapula, frequent cough, and at the same time there was urgent dyspnoea, apparently caused by the pain of breathing. The pain and dyspnoea increased constantly till evening, when I saw her. The temperature was then high and the pulse rapid. There was marked cyanosis, orthopnoea, every act of respiration being accompanied by a groan, and the countenance wore a terribly anxious expression. A physical examination revealed nothing further in the lungs or heart. The next day there was no material change in the symptoms, except that the pain and cough were lessened through the frequent use of ipecac and paregoric and a continued use of the digitalis. She had sat upright all night, and the dyspnoea was as great as ever. Towards night a few dry, coarse râles were heard in the middle parts of both lungs. These increased in number and extent till, on the morning of the 2d of January, 1883, they were found to have given place to the marked physical signs of consolidation throughout the lower lobe of the left lung. That is, in place of the previous universal resonance on percussion over both backs there was flatness extending from the inner end of the spine of the scapula obliquely downward and outward to the base of the chest on the left, and reaching well into the left axilla. There was bronchial breathing and bronchophony throughout this entire region, and at the end of inspiration an abundant explosion of very fine dry râles.

The only change in treatment was the ordering of a jacket flaxseed poultice to the entire chest in place of the dry heat previously used, the poultices to be as hot as could be borne and to be renewed every two hours. The symptoms of distress, which had remained stationary up to this the fourth day, continued till night, when she became a trifle easier. On the 3d of the month she was decidedly more comfortable, and could lie down a little lower in bed. In the afternoon all over the centre of the left back coarse moist râles obscured the respiration, and by the next day were heard throughout the whole of the lobe. At night on the 4th they were much diminished, cough had disappeared largely, and the expectoration, which had been hitherto almost none, was a little increased. On the 5th she had a very sore place at the lower end of the back, with considerable redness, tenderness, and swelling. An air-bed and poultices gave relief, so that on the 6th she sat up a little in a chair. Elixir of cinchona was then given. On the 9th, twelve days from the commencement of the symptoms, a physical examination made with the patient stripped showed both lungs perfectly healthy, with no vestige of inflammation. Careful percussion revealed the fact that the cardiac boundaries were not materially altered from those obtained just before the occurrence of the pneumonia.

The treatment consisted of half-teaspoonful doses of paregoric given sufficiently often to control pain and cough, wine of ipecac, small doses of digitalis three

times a day, half an ounce of brandy three or four times a day, jacket poultice, bread-and-milk diet with eggs, and, on convalescence, elixir of cinchona.

I am led to report this case first, because it is interesting to me in presenting a complication of heart disease which I had hitherto observed but once, and, second, because of the small proportion of recoveries in similar conditions where the function of the heart is so much impaired.

The pneumonia found my patient with a heart much enlarged by disease and in a condition where it seemed that the compensation had reached its maximum. On the other hand, she was somewhat reduced by several quite copious hæmorrhages and an inflammatory affection, and at the onset of the symptoms was quite pale and anæmic. To this I attribute her recovery largely, for the cyanosis and dyspnoea as it was were so great as to make me constantly entertain the idea of bleeding, and when I left her after each visit I almost expected to find her dead at the next from exhaustion.

The mortality of pneumonia complicating chronic valvular lesions in adults is high and is variously stated according to the number of cases observed. Thus Huss¹ puts the mortality at 30.4 per cent., irrespective of the presence or absence of compensation, while he found the average mortality from pneumonia to be 10.7 per cent. Fisser² found the mortality to be 77.8 per cent., but his statistics were made up from a relatively small number of cases. In 190 cases occurring in the Boston City Hospital, and reported by Dr. J. H. Borland,³ the complication was observed twice. One was fatal, and the other proving likely to be so the patient was removed by the friends.

Dr. H. C. Haven had a child with insufficiency of the mitral valve and sufficient compensation under observation some months where the pneumonic consolidation occurred over the right lower lobe, and the disease was protracted over several weeks. There were no febrile symptoms. All the physical signs of croupous pneumonia were present except sticky and rusty sputa. Resolution occurred after several weeks. Through the kindness of Dr. Haven I had an opportunity of examining the case.

Most authors unite in speaking of the protracted character of the convalescence when recovery occurs.

RECENT PROGRESS IN DISEASES OF CHILDREN.⁴

BY T. M. ROTCH, M. D.

MALARIA IN CHILDREN.⁵

OUT of one hundred and twenty-eight cases, pains in various parts of the body, and especially in the epigastrium, were complained of in one hundred and one, and in about one third of these it is stated to have been severe. The epigastric pain seemed to have no relation to the taking of food, but came on indifferently at any hour when the malarial paroxysm began, or if slight before it then became more severe. In twenty-nine cases epigastric tenderness was also present, and in some of the patients it was so acute that they could

¹ Ziemssen's Cyclopædia, vol. v., page 112.

² Ziemssen's Cyclopædia, vol. v., page 112.

³ Medical and Surgical Reports Boston City Hospital, vol. i.

⁴ Continued from page 84, vol. cviii.

⁵ American Journal of Obstetrics, February, 1883.