

three out of four, the form which the malassimilation assumes is due to too much food and not to too little.—I am, etc.,
Sept. 29th. M. D.

SIR,—In the enforced tranquillity of sleep recuperation of energy would not take place unless it had been first sought in the food; the absence of exhaustion would perhaps conduce to conserve it. With that restricted rest the energy expended by the muscles produces half the heat; and, though as much as three-quarters of that energy be expressed as heat, a great deal of it and the waste of the substance of the muscles must be made good by the food. Surely, then, a good deal of the other part of the heat and energy of the body also comes from food. We have been pleasantly retold of the old accepted precept of lightening and emptying the abused or over-loaded stomach in asthma, but we generally now further recognize the dietetic practice, if found to be necessary, of correcting an over-burdened state of any other abdominal viscus that will act as a reflex cause or as participating in the cause of asthma. I have noticed the harmful effect of milk in one or two cases of asthma in thin people, where their predilection for this with their hominy, porridge, café-au-lait, milk puddings, or as a beverage, has been marked. There the proscription of the milk diet was credited with improving, and, for practical purposes, temporarily curing their condition. I account for it acting, like so many other passing abstentions, as a rest of some over-taxed function in the system. If such a call be curtailed, and general or sedative measures taken, the rest of functions may be expected to prove beneficial to an exhausted nervous system so signally present in asthma. On the other hand, in another class of cases, such as biliary and catarrhal jaundice, I have found the antecatarrrhal, or perhaps cholagogue, activity of milk most advantageous. In my case small quantities of very hot milk were given fairly frequently with hardly any other food, and, though intended to also allay colic and spasm, it quite successfully cleared up the catarrh and obstruction and diminished the jaundice. It does not always apply, except secondarily, to biliousness, because the usual coexisting plethora has to be attended to first. A further dietetic aid that has served me in a confirmed case of asthma has been alcohol, ordered to be taken medicinally, as a diffusible stimulant in small repeated doses. One expects oxygen hunger to lie at the base of a good deal of the patient's anxieties and fears, but the giving of oxygen might not always be practicable in the country, nor be considered worth while. Alcohol thus presents a convenient way of supplying a certain amount of this missing oxygenating material in the way of a substitute, and it also saves tissue waste for the time being.

The want of sufficient oxygen has at times something to do with the condition of the upper air passages. One form of asthma with narrowing of the nasal orifices I look upon as nasal-asthma. Associated with this nasal interference, too, one can recognize a form of frequently recurring insomnia, which I do not think is at all sufficiently recognized. The altered flow of air, the altered whorl through the bronchi, with particularly its accompanying asthmatical distress in the case of a nose-breather, may not be altogether corrected by a substituted air-flow through the opened mouth. This is why dilatation of the nostrils forcibly with the thumb nails will help as an adopted measure in this class of case to give immediate and very marked relief. For asthma or nasal-asthma, and for nose-breathers, including old mountaineers, experiencing difficulty by the narrowing of the inferior meatus narium during debilitated health, catarrhs, crooked septum, etc., I have devised two nasal dilating blades, in the form of a speculum. Anyone, however, can try the value of this direct remedy for cases of nasal-asthma, recurring asthma, nasal obstruction and for any analogous state, with the help of either the pull of the thumbs and the first fingers of the two hands on opposite sides, or the tips of two thin penholders, so as to make the alae nasi well stretch apart.—I am, etc.,

Bognor, Sept. 20th.

H. ELLIOT-BLAKE.

PROBABLE EXPLANATION OF SOME DROWNING ACCIDENTS.

SIR,—Several communications have lately appeared in the BRITISH MEDICAL JOURNAL on the cause of death in drowning accidents, and the "etiology of what is commonly known as "cramp," this, it is stated, most frequently happening when the water is exceptionally cold, by inducing cerebral anaemia." It seems to me that when the water is cold an opposite effect

would be induced. My opinion is, the sudden shock of entering cold water and the prolonged exposure afterwards, contracts the capillaries throwing a larger quantity of blood on the internal organs, principally the heart, which expands to receive the increased supply until the power of contraction is lost and that organ stops in diastole; this is accompanied by a spasm of pain, the swimmer throws up his hands in agony and sinks like a stone. I think the person dies straight away, and even then would be beyond all help. We all know from experience the pain of a distended bladder or stomach, and can therefore realize somewhat the results of a distended heart. There is no remedy; but it might be prevented by gradually cooling the surface of the body before plunging in, thus giving the heart time to deal with the extra flow of blood.—I am, etc.,

Darwen, Oct. 2nd.

F. G. HAWORTH.

OPEN-AIR TREATMENT OF CONSUMPTION.

SIR,—The statements made by Dr. W. H. Cooke in his letter to the BRITISH MEDICAL JOURNAL of September 23rd will be confirmed by the experiences of all general practitioners who see the sequel of sanatorium "cures."

Sanatorium treatment is very valuable, consumptive patients get into good habits, and most of them improve a great deal, but does any one believe that a case of phthisis can be cured in six months? The disease in its inception is not sufficiently obtrusive to make the patient consult a doctor until it has made considerable advance. A case cannot be considered cured unless for at least twelve months there are no physical signs or symptoms.

Four patients now under my care here have been in various sanatoriums. They all improved whilst there, and two were declared to be cured. Of these, one went back to work in a solicitor's office in London, and relapsed in three months; the other was also a solicitor's clerk, who some two years ago was for some months at one of the best known German sanatoriums. He also soon relapsed when he went back to office work. Probably every general practitioner practising in a town could give similar instances. To tell a patient when leaving a sanatorium that he is practically well is sufficient in many cases to send a man back to work for which he is no longer fit. One must not forget the hopeful mental state of most consumptives, nor the great anxiety a man must naturally feel to get back to his means of livelihood.—I am, etc.,

Sidmouth, Sept. 30th.

G. A. LEON.

THE FIRST BRITISH SANATORIUM FOR CONSUMPTIVE CHILDREN.

SIR,—In reply to the Rev. E. O. Bedford's interesting statement that the Children's Sanatorium in Norfolk "was projected before 1904, and my Committee first met to formulate their scheme on May 10th in that year." may I be permitted to very courteously say that the Children's Sanatorium in Northumberland was projected before 1903, and that my Committee met in October, 1903 to formulate my suggestion?

In the report of the Newcastle Poor Children's Holiday Association for the year ending October 31st, 1903, there is a public appeal for a Children's Sanatorium, and the following statements appear:

"For some time past our Hon. Physician, Dr. T. M. Allison has been pressing upon us the urgent necessity for a Children's Consumption Sanatorium, and your Committee recently met specially to consider the matter."

And again:

"Till provision is made for tuberculous children (and at present there is no Children's Sanatorium, so far as is known, in existence), the duty of our Association is plain, and that is to provide, as soon and so far as they can, for the children who at present appeal to them in vain for what they so vitally require, viz., food and fresh air, shelter, and sunshine."

On December 9th, 1903, a public meeting was held advocating the sanatorium, and in May, 1904 (when Mr. Bedford's Committee first met), we had already obtained funds from the late Mr. John Spencer for a Children's Sanatorium. The money was, however, more urgently needed for a girl's convalescent home, and, with wide-minded generosity, Mr. Spencer allowed the money to be diverted for that purpose.

In the BRITISH MEDICAL JOURNAL of September 9th, you, Sir, very properly referred to maintenance, and I may add that Mr. J. W. Spencer (the son of Mr. John Spencer) has this