ten hours. It is of course less in the winter, which is Cape-town's rainy season, and when more cloud occurs, but ten hours is not more than the summer average on the plains, while on the plains in the winter clouds are rarely seen. In fact, on the plains over which our army will march through the Free State and Transvaal the sun reigns supreme. In the morning his coming is ushered in with a fringe of crimson light over half the wide horizon, which rapidly spreads upwards into the clear blue of the heavens. Thus comes the dawn, the *rooi dag* of South Africa, an hour familiar to all her children. It is then in times of peace the day's labour begins in earnest. It is then in times of war that the native and the Boer alike commence their attacks upon the enemy. By the sun throughout the day the native both marks the hour and steers his course. When evening approaches the sky is again resplendent, bathed in orange and green and crimson, and throwing dark purple into the shadows of the hills. Abundant sunshine, a dry, rarefied, and exhilarating air, and a temperature which is only at midday excessively hot, are the leading features of the climate on the plains. The habit of the Dutchman in travelling over this high veld is to remain quiet and in shelter from the sun during the middle hours of the day. This plan is undoubtedly a wise one, and if practicable should, when the heat is severe be followed by our army. The early morning, the evening, and often the hours of the magnificent moonlight nights are the times for movement. One hour of work or marching at midday is more exhausting than three in the early morning or at night.

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1 *Practitioner*, June, 1898.

THE RESTLESSNESS OF OLD AGE AND ITS TREATMENT.

By CLEMENT DUKES, M.D.LOND., J.P.,
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It has fallen to my lot to have had under my care from time to time a considerable number of old people, whose ages ranged from 75 to 96, free from disease.

The lives of some of these old people are frequently a burden to them, and they occasion considerable distress to friends who look after them by their incessant restlessness by day and by night. During the day they are never quiet. If they sit down they want to get up and walk about. Then they sit down, and in a few minutes are on the move again. This want of peace is very wearing to themselves and those who live with them. During the night they are merely restless, and toss and turn about in bed; or sleepless; or they have to sit up in bed or in a chair, with dyspnoea. Consequently they arise in the morning unrefreshed and unrested to resume the day performance.

It arises, in my opinion, from the gradual age-failing of the scavenger organs. Their incompetence fails to deplete the blood sufficiently. And this lack of perfect removal of the products of wear and tear occasions increased arterial tension. Hence the restlessness.

While the heart beats with the natural feebleness one expects, I have been frequently told what a very good pulse the patient has, which is really the pulse of rigid arteries.

The administration of carminatives, sedatives, or digitalis merely aggravates the condition. Where the cause is recognised, and mercurials given, many of these cases are considerably relieved; but I have seen a grain or two of blue pill produce a cold clammy sweat and considerable depression in the aged; while 3 grains of grey powder once entailed salivation in a very old lady. The remedies, however, which bring calm and peace, and remove all the discomforts, are those which relieve the arterial tension, such as nitro-glycerine gr. $\frac{1}{32}$, and even better still, because it requires to be taken less often, erythrol tetranitrate gr. $\frac{1}{2}$ to gr. 1.

I have now under my care one lady, aged 85, who, instead of having such terrible nights that she had to sit in a chair most of the night, and she and her friends longed for her departure, is now able to sleep nearly all night, comfortably lying down, under the influence of erythrol. I have another lady nearly 80 whose day restlessness is so completely relieved by nitro-glycerine that she is able to pass her days in peace.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

A BRASS SCREW SWALLOWED BY AN INFANT AGED FIFTEEN MONTHS.

AMONG the variety of foreign bodies which have been swallowed by children and safely expelled *per rectum* many have been of such extraordinary size and shape as to cause wonder how the difficulties of transit through the alimentary tract could be so easily overcome. A good illustration of such a case has recently come under my notice.

A child, aged 15 months, was brought to me on April 24th with a history of having swallowed a brass screw. (The exact size and shape are shown in the figure.) The mother stated

that whilst the child was playing her attention was attracted to it by a sudden, severe, and prolonged attack of coughing and choking. Suspecting some obstruction she placed her finger in the child's mouth, and felt the screw at the back of the throat, and in her endeavours to remove it; it was swallowed. The child was at once relieved, and when brought to me half an hour later showed no indications of discomfort. The mother stated positively that the child must have swallowed the brass screw. Vomiting failed to expel the foreign body.

Considering the large size of the screw, and the fact that one had to deal with infantile structures, an element of doubt arose as to the probability, even possibility, of expulsion by natural means. It seemed as though the narrow lumen and orifices of the alimentary tract would prove insuperable obstacles.

Assuming, then, the presence of this foreign body in the stomach, was an immediate operation for its removal justifiable? Or, on the other hand, was it advisable rather to trust to natural means of expulsion under careful supervision and dieting?

My decision in favour of the latter course rested mainly on the acceptance of a principle which I had been led to conclude from previous experience of similar though less extreme cases, namely, that in children, if a foreign body of whatever size or shape can pass through the oesophagus into the stomach, it is possible for the same to pass through any other orifice of the alimentary tract. The child was accordingly carefully watched and dieted; instructions were given for the examination of every evacuation, and on the fifth day the screw was passed without any difficulty. There was no abnormal deviation from the child's usual health and spirits throughout.

Although the possibility and risk of such foreign bodies being impeded in their progress must ever be a source of anxiety, yet this and similar successful results demonstrate the facility with which foreign bodies can pass safely through the alimentary tract and its orifices. We may therefore expect, even in such extreme cases, a successful issue without having recourse to surgical interference.

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