iver, heart, kidneys, &c., are affected, fatty degeneration being marked, largely so in the liver, owing to its anatomical situation at the head of the portal vein, but in other organs as well. Again comparing this disease with the cirrhoses, and especially with the hypertrophic form—diseases which, accepting Adami's explanation of coli infection, are due to poisons acting on the liver and other organs, such poisons being derived from the alimentary tract—we must allow great similarity. Given only a greater degree of virulence of the toxin or organism and a greater dissemination in acute atrophy and the two conditions lie side by side. Micro-organisms have been described in this condition of acute yellow atrophy. I entirely failed to find them, but that does not exclude the possibility of the lesions being due rather to the toxins than to the organisms themselves. The condition of the patient was not unlike that produced by pernicious anæmia and possibly the blood examination of these cases may throw further light on the subject. Unfortunately in this case no examination was made.

In conclusion, I must say that the theory already advanced by others that the condition is one of toxæmia with resulting changes in the viscera is the one which most satisfactorily explains the clinical and pathological features and the source of the toxæmia is in all probability the intestinal tract. It is true that so far no lesions have been described there, but that detracts little from the value of the explanation since it is quite possible for an infective process of great magnitude to be started from a lesion so small as to be overlooked as is the case in so-called "idiopathic tetanus." With regard to the pigment found post mortem I think it is strongly suggestive of a hæmolytic action of the poison causing the disease. I do not think a liver showing the amount of destruction that was shown in this case could have been capable of elaborating any pigment, nor was there sufficient iron present in the liver to warrant the assumption that the blood cells were destroyed there. The suggestion that the pigment had been stored up in the liver and was set free with its destruction is, I think, inadequate. Again, there was a close relationship between the amount of pigment and the fatty change. Wherever the pigment was most thickly deposited there the fatty change was most advanced. This, I think, allows of the suggestion being made that the pigment is a poisonous product of hæmolysis—a combination of toxin and blood pigment capable of producing cell pigmentation and destruction in different parts of the body. A similar phenomenon has been observed by some American workers in relation with cirrhosis of the liver, pancreas, &c., and the term "hæmo-chromatosis" has been applied to it. In those cases, as in this, the suggestion has been put forward that the pigment is poisonous. I would, therefore, urge that the case from a clinical and pathological standpoint supports the view that the disease is not primarily hepatic in origin, the liver only suffering with other parts; that there is a hæmic infection with micro-organisms or their toxins with subsequent hæmolysis; that there is a combination of toxin and blood pigment to form a poisonous compound which is injurious to the tissues and causes their discolouration; that the liver must be absolved from the charge of forming the pigment, but that it is formed in the blood-vessels themselves; and that the source of the mischief must be sought for in some part of the alimentary canal.

THE DIETETIC FACTOR IN HEALTH-RESORT TREATMENT.¹

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I THINK that it will be conceded that one of the principal objects of the British Balneological and Climatological Society is to bring before the members of our profession, and so indirectly before the public, the claims and advantages of the British spas and health resorts as compared with those of foreign countries. Another object is by discussion amongst its members, and by endeavouring to bring the methods of treatment at our health resorts into line with

modern methods and modern ideas, to enhance the utility and popularity of those resorts, and so to bring home to the members of our profession and to the public generally the fact that the benefits to be obtained at the foreign spas are in an equal degree obtainable at our own spas and health resorts. We wish to make it clear that, unless a complete change of environment is desired by our patients or is essential to their recovery, treatment can in the great majority of cases be carried out as effectually in our own country as abroad.

As regards balneological and climatological treatment there is little to be desired at our various spas, but in two particulars there is still room for considerable improvements which, in my opinion, will do more than anything else to popularise and to increase the attractiveness of our health resorts—viz., the provision of better dietetic treatment suited to the needs of the patients visiting the spas, and the infusion of greater gaiety into the daily life by the provision of more abundant amusements. It is in these two particulars that our spas and health resorts fall short of those on the continent and it is the comparative lack of these two conditions which induces many of our patients to go abroad. We are not dealing now with the question of amusements and I therefore confine my remarks to the subject of this discussion. I think that one of the main causes why insufficient attention is given to dietetic treatment at our spas and health resorts is on account of the tendency for the catering for our patients to drift more and more into the hands of companies whose main object is the production of large dividends, while but little attention is directed to the dietetic requirements of those for whom they are catering. At too many of our health resorts one sees nowadays palatial hotels, elaborately upholstered and provided with the prolonged many-coursed, heavy meals which are so absurdly considered by their providers to be essential to physiological necessities and to the recovery of health. I must confess that although recent experiences in London, especially in the borough in which I live, have not greatly enamoured me of municipal trading, yet I cannot help thinking that it would probably be an advantage to our spas and health resorts if the catering for the visitors were more or less under the control of the municipal authorities. Medical men would probably then be able to have their views as to the provision of suitable meals much more efficiently carried out than at present, while the cost of living at the spas would be considerably reduced.

I agree with the statement that the large majority of cases requiring dietetic treatment at spas are cases of gout, obesity, and glycosuria, to which list I would add cases of rheumatoid arthritis. As there is a fairly general accord as to the dietetic treatment of obesity and glycosuria I shall confine my remarks to the dietetic treatment of gout and rheumatoid arthritis at spas. Gout I regard as a disease which is due to faulty metabolism, probably both intestinal and hepatic, as the result of which certain poisons (possibly the purin and other bodies of which we at present know but very little) are produced and lead to an auto-intoxication which is an early factor in the development of the gouty condition. Certainly I think that with our increasing knowledge and experience uric acid and its salts will in all probability have to be relegated to a position of subsidiary importance in the pathogenesis of gout.

As regards the question of diet it must be remembered, on the one hand, that animal foods constitute to the majority of people the most attractive and appetising forms of diet and are therefore likely to be taken in excess, and hence the necessity for limiting the amount to be taken, but, on the other hand, it must be borne in mind, in connexion with life at spas, that the exercise taken, the leisure permitted for digestion, and the stimulus of the baths all tend to increase the combustion and the oxidative powers within the tissues, while the large amount of water consumed tends abundantly to remove the waste products. In my opinion it is absolutely erroneous to exclude from the dietary of the gouty such articles as meat, fish, and tea, because they are assumed to contain uric acid. I have yet to learn that any uric acid is present in those articles of diet, since the so-called estimations of uric acid in them are not, as I have previously pointed out, estimations of uric acid at all. Moreover, the deduction is an erroneous one that because uric acid is a nitrogenous body it must therefore be directly derived from nitrogenous constituents of the food, the consumption of which must therefore be avoided. Even if uric acid were present in the articles of food referred to it would not alter my opinion as to their

¹ A paper read at the opening of the adjourned discussion at the British Balneological and Climatological Society on the Dietetic Factor in Health-Resort Treatment, April 22nd, 1903.

suitability, considering that they have stood the test of so prolonged a trial. Yet there are some who do not hesitate to call these articles of food, which are so extensively consumed, poisons, mainly, as far as I can gather, because these foods do not happen to agree with themselves. It is true that there are a few persons (whom, without any intention of being offensive, I should describe as physiological degenerates) who find that such articles of food do not agree with them, but it is illogical to argue from such a premiss that therefore they are unsuited to the great majority whose digestive functions are more happily regulated.

The diet of gouty patients undergoing spa treatment should be simple—that is, the meals should not be made up of too many articles. Simplicity of food means facility of digestion. Certainly meat, even red meat, should not be excluded from the diet. No class of foodstuff is so productive in energy as animal food, and as most cases of chronic gout are suffering from lowered vitality and want of tone animal food in at all events moderate quantity is distinctly indicated. My experience supports the truth of this view, as I advise in the great majority of cases of chronic gout the taking of at least one meat meal a day. The exclusion of any article of diet or of any class of food without taking into account the surroundings of the case and the peculiarities of the individual is unscientific. Those articles of diet that are known in the individual to favour intestinal fermentation and putrefaction should certainly be avoided, and it may be taken, I think, as a general rule that a sense of discomfort after a meal indicates that some article or articles of food have been taken which are not beneficial to the individual in his present condition. I attach great importance in such cases to the reduction of the starchy articles of food, but not to the total exclusion of what I believe to be the comparatively harmless potato. It is remarkable how frequently one hears from gouty patients the emphatic statement, “I never eat potatoes.” I must confess that I do not know of any good and sufficient reason for this wholesale condemnation of such a common article of diet. Undoubtedly amongst those gouty patients who suffer from an inability to digest starchy articles of diet perfectly—in other words, who suffer from amylaceous dyspepsia—a reduction for the time in the amount of starchy foods taken, including potatoes, is desirable; but the recognition of the existence of amylaceous dyspepsia is a fairly easy matter and when present it can be suitably treated. Certainly those persons who are gouty and who are also fat should be very sparing in the use of potatoes as of other carbohydrate, forms of food. I wish, however, to protest against the too general exclusion of so common and useful an article of diet as the potato from the food of the gouty. Equally wrong, in my opinion, is the total exclusion of sugar from the dietary of all gouty individuals. Undoubtedly, in certain individuals sugar may do harm, as in the cases of gouty persons who are fat, or who suffer from glycosuria, or who are prone to attacks of eczema, and in such it should be cut off; but that is no reason for the exclusion of it from the dietary of all gouty patients, especially those who are at the same time gouty and thin. I know of many gouty individuals who take sugar with absolute impunity. Some gouty subjects undoubtedly digest starchy articles of diet very badly, and in such fats may well take the place of starches. Fat bacon, properly cooked, is generally well digested by gouty individuals.

A fair proportion of vegetable food should be taken with two meals each day. The choice of vegetables will depend upon the digestive capacity of the patient, but, excepting the potato, as a rule those vegetables that grow above ground are preferable to root vegetables.

Stated as a general principle a person who is subject to gout is better without alcohol in any form. There are, however, some who require a little alcohol, either to aid digestion or to enable them to get through their work, and here I am entirely in accord with the advice given by Dr. J. F. Goodhart, that if a man requires any stimulant at all it is a matter which he must decide by experiment for himself, for no medical man can tell him. If alcohol is necessary or desirable the form in which it is to be taken is frequently a matter which the patient can decide better than the medical man; but I would insist upon the importance of definitely limiting the amount to be taken and of restricting its consumption absolutely to meals. Some patients find that a little whisky or brandy suits them best, others find a light still moselle preferable, while a few—but in my opinion only

a very limited number—find that a light claret agrees best with them. Champagne is a wine which is seldom suited to the gouty, especially if taken daily.

As previously stated, as little complexity as is possible in the meals is the main desideratum in the dietary of the gouty, and in a few intractable cases of chronic gout it may even become necessary to reduce the dietary for a time to the simplest possible condition—namely, to two articles—lean meat and water. There are a few cases of chronic gout which undoubtedly improve and even recover on an exclusive diet of red meat and hot water. These are generally cases of chronic gouty arthritis which have failed to yield to the ordinary methods of treatment and which are accompanied by obstinate derangement of the gastro-intestinal tract, as evidenced by dyspepsia, flatulence, acid eructations, pyrosis, and offensive stools. I have successfully treated a few such carefully selected cases of chronic gout by the employment of this, the so-called “Salisbury” treatment and beneficial results have also been obtained by Mr. Armstrong. It is essential before placing a patient on such diet that the urine should be carefully examined, as any advanced condition of kidney disease contra-indicates the employment of such a dietary. If the evidence of kidney derangement is only slight the adoption of the dietary is not contra-indicated, but the urine must be carefully examined every two or three days, as any considerable increase in the albuminuria would at once be an indication for the discontinuance of this special diet. Gouty patients suffering from organic heart disease with any failure of compensation should never be placed on this dietary.

The dietary in cases of rheumatoid arthritis should be as liberal as the digestive organs allow. Any food that the patient knows from his experience agrees with him may be allowed. It is essentially a disease that requires good and nutritious feeding and I have seen many cases of rheumatoid arthritis which have gone thoroughly to the bad through the initial error of mistaking the disease for gout and treating it with a spare diet.

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CONGENITAL DISPLACEMENT OF THE HIP.¹

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IN reviewing the general treatment of this affection I would offer the following conclusions:—1. That in all cases and at all ages some good may be effected by treatment. 2. If the displaced head of the femur has formed a firm bearing against the pelvis so that no tendency to increase of deformity exists, and the difficulties of walking are slight, then we may devote our energies to counteract lordosis by mechanical support, freeing adverse contractions such as those of the adductors and equalising the length of the legs when only one side is involved. Sometimes when *both* sides are affected there may be inequality in length of legs. 3. If the head of the femur is freely moveable up and down (telescopic) then some measures must be adopted to prevent increase of deformity, and the least that can be done is to recommend recumbency or the use of some apparatus to keep the weight off the affected limb. If such measures are taken we may as well also attempt to improve the position of the head of the femur or entirely reduce the dislocation. Until the age of seven years all congenital dislocations can be reduced. This is Lorenz's dictum and his view seems correct. In single displacements the time limit may be extended to nine years of age. These limits are not absolute, for much older patients may occasionally have their hips replaced.

As to the permanent result of reduction, the exact degree of success depends upon the condition of the joints. If the head of the femur is very deficient in form and the acetabulum very shallow or misshapen the result can hardly be as satisfactory as when the bones and other joint structures are less abnormal. In any case, however, if we keep the bones in place sufficiently long (about two years) we may expect a more or less satisfactory result. This fact is already

¹ A paper delivered before the Fourteenth International Congress of Medicine at Madrid, April 25th, 1903.