rhea, profuse and uncontrollable night-sweats, leucorrhea and loss of menses, with extreme emaciation, other than as a direct indication of an early demise. I ordered a sedative mixture of hydrocyanic acid and morphia, and hopelessly retired from the case. After several months had passed I met her husband on the street and delicately enquired of her subsequent history. His answer was "As good as could be expected," and as he was with other men, I asked no further questions. Two months later, I received a nameless message to call at a house in another part of the town from where I had seen her last. There I found this same woman improved in weight, appearance and in many respects, though she still had cough, dyspnea, and the lungs showing serious physical signs of embarrassment from fibrous deposits. Her face and arms were thin, but the body was round and full, and while I was wondering what mysterious power had prolonged the life of that woman, my services were asked to attend her in an approaching confinement. While I confess apprehension, my faith in this greatest boon to parturient women was unshaken, and I welcomed the opportunity to prove the truth of my conclusion that no condition of heart and lungs should forbid the use of anesthesia in labor. Accepting service, I secured the assistance of Dr. Chrisman. Her labor came on gradually, but when the pains increased in severity her face and chest became cyanotic. I commenced the administration of the A. C. E. mixture and after very few inhalations the laryngismus stridulus entirely disappeared and there was no sign of return of the cyanosis to the end of her labor. But a small quantity was administered at the beginning of each pain; a state of semi-narcosis was maintained for three hours. When I felt she would have the assistance afforded by the forceps, Dr. Chrisman was summoned and the anesthetic consigned to his care. He was directed to produce profound narcosis; the forceps were applied for one hour, and the delivery was accomplished of a large, living, apparently healthy child. During the next three weeks all went comparatively well, but in the succeeding week a sudden change occurred; dyspnea, cough and fever increased; her old symptoms returned and she declined from exhaustive sweats and malnutrition during the beginning of the fifth week.

A postmortem examination revealed the right lung filled with fibrous deposits from top to bottom, with two cavities the size of walnuts, one in the middle and the other in lower lobe. The left lung was of the same character in the upper half, and so studded with deposits in the lower as to make her whole lung capacity but one-fifth. Five weeks before, the deposit may not have been so great; yet I think at a liberal estimate, we may safely say that at the time of her labor she was only using one-half of the left lung, for during the four weeks after labor, my books show that I paid her very few visits.

With this testimony we should have no hesitation to use the anesthetic in all painful labors. How few physicians would refuse an anesthetic to a man or woman who required the lancing of a whitlow, the extraction of a tooth, the amputation of a breast or limb, or any of the ordinary minor or major operations in surgery, where danger to some extent always attends, and in which exists but a small amount of pain, from the shortness of duration, in comparison with that of an average labor where statistics declare no danger under any administration can be apprehended from the anesthetic alone?

Where is the man who as physician or surgeon in his legitimate province could stand coldly by and see with indifference the writhing of a human being in broken or continued pain without offering to him an anodyne or anesthetic? Yet that same man exhibits stolid and heartless indifference when he becomes an accoucheur and has in his sole charge a helpless woman in the agonizing throes of labor, earnestly beseeching him to save her of her anguish or give to her immediate relief in death.

Fortunately in unnatural labors most physicians regard an anesthetic as directly indicated and rarely attempt version or craniotomy without it; but unless some desperate emergency exists, a morbid apprehension of some mythical possibility seems to seize the mind and govern their action, and a humaneness, for which as physicians and surgeons they may be proverbial, deserts them in the very hour when the tenderest sympathy and promptest care should demand the consummation of a possible painless and happy conduct by that boon which, to a parturient in the travail of labor, falls but little short of what may well be termed an especial therapeutic indication.

WHEN SHOULD PATIENTS BE ADVISED TO EAT EVERYTHING?*

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There can be no question that a large proportion of the chronic ailments from which mankind suffers are mainly direct or indirect consequences of wrong eating and drinking, the secondary effects being produced through auto-intoxication. However, other hygienic faults are frequently added factors in the causation. The ailments thus induced may include not only the well-recognized diseases of the alimentary system, but also an endless number and variety of more or less obscure conditions of impaired health, ranging from insufficiency of bowel movements or of renal excretion and affections of the skin, to organic disease of the heart, vessels and kidneys as well as apoplexy and many organic changes in the nervous system. They include especially a number of cases of neurasthenia and other vague derangements of the health in ways that often seem very mysterious until a proper interrogation of the digestive organs by the recent exact methods reveals the presence in them of some lesion or functional disturbance, such as a moderate dilatation, displacement or latent catarrh of the stomach or intestines, or, as more frequently happens, hyperchlorhydria with resulting intestinal dyspepsia. Such cases are seen every day by physicians who are accustomed to make thorough examinations of the abdomen and the stomach contents, and not infrequently the only prominent symptoms are nervous ones, especially insomnia and either mental depression or an unwonted nervous tension.

Many patients who place themselves under treatment for the consequences of an unhygienic diet, though their disease may have been years in developing, expect to be so fully cured in a few weeks or months that it will be possible for them to eat everything as they had formerly done. One of the popular tests of the skill of a physician is his ability to cure dyspepsia, as well as the other maladies which require a restriction of the diet, so completely that the patients can again "eat everything."

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Before deciding as to the possibility of restoring to dyspeptics and other invalids this coveted power to indulge their palates to any desired extent without danger, it may be well to consider what the normal food requirements of man are, and then to contrast with these the sort of diet that is now in vogue among well-to-do people.

NORMAL FOOD REQUIREMENTS.

Physiologists have determined over and over again that to maintain the human body in full health, albuminoid or proteid material—furnished by meat, fish, eggs, etc.—must form approximately one-fifth part by weight of the food; the hydrocarbons or fats need to be in about the same or a slightly larger proportion; and the carbohydrates—starch and sugar—must form about three-fifths. The various authorities differ a little as to these exact proportions, and these must vary somewhat with the occupation, climate, etc., but all agree that the carbonaceous foods need to preponderate largely in the diet of man, or nutrition will suffer.¹ Lean meat contains chiefly proteid material, salts and water. Other meats contain considerable fatty matter, as do also such albuminoid foods as fish, eggs and cheese, but practically no starch or sugar, except cheese which contains 2 to 6 per cent. of sugar. In beans, peas and other legumens, as well as in the grains and unbolted flours, there is also a large percentage of proteid material combined with a still greater proportion of starch. Indeed, the legumens contain a greater percentage of albuminoid material even than most meats, fish or eggs, in addition to a still larger proportion of starch, and, therefore, are among the most nutritious of foods for persons able to digest them. The needed fat may be obtained from various sources, but especially from butter, cream, milk, olive-oil, the fat of meat, fish, etc. Milk is more nearly a complete food than any other single article of diet, yet does not contain enough of the carbohydrates to maintain perfect nutrition for prolonged periods in adults, without the ingestion of much larger quantities than the stomach could tolerate.

In the treatment of gastrointestinal catarrhs a milk diet, or one of meat mainly, is often prescribed with advantage for a short time, but either alone, if persevered with long, would cause a slow starvation.

Let us see, now, how a large number of the opulent classes, as well as many people in this country, of only moderate means, actually do eat and drink. With a great number of these, especially those who travel, or live much in hotels, breakfast includes a variety of hearty viands, of which meat or eggs or both usually constitute about one-half by weight, not counting coffee, which contains practically no nutriment at all, except the sugar and milk with which it is flavored. Luncheon also often consists of fully one-half albuminoid material, if not more. But the dinners are the most unhygienic. The approved modern dinner begins with oysters or clams, followed usually by a meat soup, fish and roast meat, and after these come frequently some sort of game and various kinds of entrees. All of these so far, except

the vegetables served with the roast and fish, and sometimes with one or more of the other courses, belong to the proteid or nitrogenous aliments which, as a rule, should not exceed one-fifth to one-fourth, at the most, of the total food taken. So far, then, the table d'hôte dinner, eaten by the average guest at first-class hotels, consists mainly of albuminoid material, and even when there is added the bread often taken and the desserts with which the meal is topped off, the proportion of proteids is rarely brought down to as low an average as one-half. Moreover, at dinner the carbohydrates eaten are largely in the form of amylaceous articles which are taken mostly with the dessert at the end of the meal when, even in normal stomachs, there is too much HCl present to permit of further salivary digestion, and in hyperchlorhydrics often enough to impair also the action of the pancreatic juice. Then, the cane-sugar served generally with the starch in the dessert is the most fermentable of all foods, and therefore injurious to those patients and convalescents in whom there is a tendency to fermentation.

The pepper, hot sauces, and other sharp condiments with which such a meal is abundantly garnished, produce by over-stimulating the glands, in all except the worn-out stomachs, or those with depressed functions, an abnormally large flow of the gastric and other juices, so that the diner is tempted to eat, and often enabled to digest for a time, until his glands become prematurely exhausted, quantities of rich nourishment of various kinds, out of all proportion to his exercise and needs. The alcoholic beverages which form so common an accompaniment of the dinner, tend ultimately, even when taken very moderately, to produce degenerative processes, and if at all freely used, effect a serious amount of damage, exceeding even that brought about by the long-continued ingestion of a larger proportion of proteids than can be oxidized and assimilated. We know now, too, that alcohol, except in very minute quantities, retards instead of helps the digestive processes, and always impairs, when it affects it in any way, the motor function of the stomach.² Furthermore, the testimony of nearly all the leading physiologists is that it is in no proper sense a food.

Under the guidance, then, of our ignorant French cooks and caterers, who prepare their viands as though every one from childhood to old age had feeble peptic glands in constant need of the most energetic stimulation, and arrange their menus as though three-fifths or four-fifths, instead of one-fifth, of man's food should be nitrogenous, the gastronomic tastes and habits of the so-called good livers, and of large numbers of other persons, have become so perverted that it is not safe to advise even the apparently well to "eat everything" put before them. Still less is it safe to give such advice to those who for long periods of time have suffered much from impairment of their digestive functions or from toxemias produced by fermentation or decomposition of undigested food, even when they seem to be entirely recovered, since like causes would in time again produce the same effects and these would, in such persons, result even more certainly and speedily than before.

The truth is that, in all healthy persons with unspoiled stomachs, the gastric and other juices are secreted naturally in abundant quantity with only the stimulation resulting from the chewing and swallowing of any suitable, plain, nourishing food, and without the aid of either alcohol or pepper or other irritating condiments.

1. Landois and Stirling (Phila.: P. Blakiston's Son & Co., 1887) say there should be one part of proteid or nitrogenous to $3\frac{1}{2}$ or $4\frac{1}{2}$ parts of non-nitrogenous material in the entire food, while Rubner, in "Handbuch d. Ernährungstherapie" (Leipzig: Geo. Thieme, 1897), holds that the proportions must vary with the age and activity of the person, but for adults engaged in moderate or severe labor, gives the normal percentage of albumin as 16.7, of fat as 16.3, and of carbohydrates as 66.9 per cent. In the aged he would place these percentages at 17.4, 21.81 and 60.9 respectively —i. e., nitrogenous a trifle more (though still less than one-fifth), the fats considerably more, a trifle above one-fifth, and the starches and sugars jointly at just about three-fifths the total intake of food by weight.

2. Diseases of the Stomach. By John C. Hemmeter. Phila.: P. Blakiston's Son & Co., 1900.

The employment of these irritant drugs as excitants in the daily diet of children, youth and adult persons having normal stomachs, is a most irrational practice which is doubtless productive of an incalculable amount of harm. At the best it must lead to the taking of more food than is required, thus not only overtaxing the secretory organs, but also burdening the liver, intestines and kidneys with an unduly large amount of excretory work; and at the worst it must result in a relatively early exhaustion of both sets of glands, as well as in catarrhal inflammations of the alimentary canal and all the unnumbered maladies grouped under the terms lithemia or uricacidemia, not to mention the more dangerous affections of various organs which are believed to owe their origin often to an excess of uric acid and the xanthin bases, and the more obscure forms of autointoxication. It is not intended, however, to condemn the use of table salt, or the various mild articles employed merely to flavor our foods.

It should be time enough to spur the digestive functions with drug irritants when, in the absence of imprudent eating, they are found to be flagging in their work. Usually, when they fail to meet the demands made upon them, except after acute illness or in old age, it is because the demands have been outrageously heavy. In the majority of cases of dyspepsia there is, in the earlier stages at least, an excess rather than a deficiency of the hydrochloric acid, and generally of pepsin and rennet ferment as well, and in these cases the gastric irritants so recklessly employed by the cooks are as useless and injurious as are the scarcely more powerful stomachics which are still so often ignorantly prescribed for them by physicians.

There is more in dietetics than is dreamed of in many of our philosophies. The diet can be made quite as potent for good or harm as our most frequently used medicaments. Besides the abuse of nitrogenous foods and of the sharper condiments, much might be said, if time permitted, of the overloading of the stomach which constantly results from the bad custom of tempting the palate with a lot of rich and often indigestible sweets after the appetite has been fully satisfied and, considering the artificial stimulation just described, after the needs of the body have already been more than supplied. And I shall not enlarge upon the popular fallacies regarding the importance of fruit in the diet of man. Palatable, and often useful as many kinds of fruit are medicinally to counteract some of the effects of over-eating, they do not supply to the system any indispensable elements not present in other articles of much higher food value and not so prone to disagree. In moderation most kinds of fully ripe fruit are safe enough for healthy persons, and for many of those whose chief complaint is constipation, but those of lithemic tendency need to indulge in them sparingly if at all.

CONCLUSIONS.

To sum up: We should never advise our patients to "eat everything" until we have thoroughly cured their diseased digestive organs and freed them from the lithemic condition; and powerful as are our modern weapons against these, we can not often succeed in accomplishing such a radical cure until the patients have reformed their unhygienic habits, not only in their eating and drinking, but also in both their work and play. They must learn self-denial and at least the rudiments of the immutable laws of health and, having learned, obey them. They must take into their stomachs, in approximately right proportions, the things that

will nourish and strengthen them, and little or none of those whose chief effect is to derange or irritate the functions or tissues of the body. In many cases, besides, they must give up sedentary employments or pleasures and take regularly, every day, an adequate amount of exercise out of doors. In short, oxygenation must be made to bear its proper ratio to alimentation.

Nor should we advise even the well persons in the families under our charge to "eat everything," without some regard to their idiosyncrasies and tendencies, as well as a reasonable amount of care that they do not follow a harmful acquired taste for too much of the rich and complicated viands or such an undue proportion of nitrogenous food as would make patients of them a few years later, by setting up gradually insidious forms of chronic disease which would inevitably result, at a relatively early period of their lives, in gout or rheumatism, or in other more serious and fatal organic affections.

POISONING FROM AUTOINTOXICATION.*

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In Hufeland's "Art of Prolonging Life," written in 1790, and one of the few books of that century still published and read, there is a distinct recognition of autointoxication states generated in the intestinal canal by the fermentation and changes of foods and drinks. Several of the proprietary medicines owe their success to the recognition of this condition and the application of antiseptic and eliminative measures. One such remedy, widely advertised and supported by volumes of testimonials as having cured obscure disorders and averted serious diseases, contains sulphate of magnesia and soda concealed by some flavoring substances. The value of this remedy is in its power to overcome these auto-intoxicative states which are largely unknown. A book written by an unknown man, claiming to be the science of a new life, nothing more than a promulgation of the theory of two meals a day, points out the same range of causes, with abstinence as the remedy. Eating large quantities of food three times a day is very apt to produce intestinal troubles by supplying more nutriment than can be assimilated, and furnishing the conditions for poisoning from that which is not used. Every practitioner is familiar with autointoxication and infection from the presence of foods which undergo putrefactive changes. The good results from antiseptic and eliminative treatment demonstrate this. The limits of this present paper make it impossible to do more than call attention to a particular form of autointoxication due largely to the products and chemical disturbances which follow from the use of beer and spirits. The common theory that spirits increase or in some way aid digestion, and can be used with foods with comparative safety, has no support in modern research. Persons who drink wine and beer only at meals are never good types of health and free from digestive disorders so common to all classes. Moderate users of spirits only at meals are not common in this country, for the reason that they are unable to confine the use of spirits to the time of food-taking. Literally, such persons soon begin to drink at other times and occasions, and often to excess. The average moderate drinking man, whether using spirits at meals or on other occasions, very soon becomes an

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