DISCUSSION

DR. CHARLES FIFE, Philadelphia: I have not given up entirely the use of milk in the feeding of children with typhoid fever, though its use may be carried to such an extent as to be harmful. One should not draw any general conclusions but should study more closely the digestive powers of the child. Skimmed milk has a place in the treatment of typhoid fever. It helps the proteid content in food, a fact that should be kept in mind. Skimmed milk should be used more than once a day.

DR. WARREN COLEMAN: I assume that the metabolism reactions in a child with typhoid fever are the same as in the adult. I have been using a diet, the main object of which is to supply the patient with an amount of food sufficient to cover the amount of energy lost. In Bellevue and the Allied Hospitals, during the years 1908, 1909, and 1910, there have been 875 cases of typhoid fever and 137 deaths. During this period there have been 102 patients on a high caloric diet with eleven deaths. Among the 773 patients not on the high caloric diet, there were 126 deaths, or 10.8 per cent. mortality for the first class, and 16.3 per cent. for the second. The use of the high caloric diet has been followed by the subsidence of the diarrhea with which the patient entered the hospital. In those cases in which hemorrhage has occurred, the loss of blood was slight. We have lost but one patient from hemorrhage. With a high caloric diet convalescence is much shorter.

DR. AUGUST SEIBERT: For twenty-two years I have not used milk in the treatment of typhoid fever. Diarrhea, intestinal disturbances and toxemia are increased when milk is given. I would emphasize the importance of thoroughly cleansing the alimentary tract: the bowels should be washed out every day.

IDAHO STATE MEDICAL ASSOCIATION

Nineteenth Annual Meeting, held at Boise, Oct. 11-13, 1911

The President, DR. JOHN W. GIVENS, Orofino, in the Chair

Officers Elected

A list of the officers elected was published in THE JOURNAL, October 14, p. 1464.

Medical Inspection of Schools

DR. GEORGE E. HYDE, Rexburg: Seventy-six thousand children attended Idaho public schools last year, yet very little has been attempted in the way of medical inspection. An effort is being made to provide suitable buildings and apparatus for the pupils and improve the sanitary condition of the buildings and grounds, but practically nothing more has been done. The public school system of Idaho cost the state \$2,575,506.10 last year, and, as it has been carefully estimated that 20 per cent. of the amount paid for the education of children in public schools is spent to enable backward children to repeat grades, Idaho is, therefore, probably spending over \$500,000 yearly on backward children, most of whom are suffering from removable defects.

Careful and systematic examination of 400 school children gave the following results, which compare quite favorably with like statistics from eastern towns and cities. Of these 16 had deafness in some degree; 8 had adenoids; 54 had hypertrophied tonsils; 58 had mild defects of vision; 41 had defects of vision from 20/50 to 6/200; 31 had headache after reading; 12 had to change position to see to write their lessons; 11 could not see writing on blackboard from where they sat; 240 had defective teeth, one-fourth of these very bad; 5 had mitral regurgitation, with a history of rheumatism in 4; 112 showed no discoverable defects.

DISCUSSION

DR. J. M. TAYLOR: To bring about medical inspection it is necessary to educate the people, and to accomplish this, thorough and easily understood demonstrations must be made to the public by the health authorities. An excellent argument is to show the parents how the cost of educating their children can be decreased by the discovery and removal of physical defects, and improving the sanitary environments surrounding their children.

DR. AUGUST C. BEHLE, Salt Lake City: Medical inspection of schools is necessary; the question is, How can it be best brought about? Medical inspection should be under the control of the board of health, and health officers should have more authority. It is economy to conserve the health of our children. Defective children should not be seen in our schools, for one backward child takes as much of the teacher's time as twenty normal children; hence these defectives are a constant source of additional expense to the public.

The Importance of Intestinal Rest in Dealing with Acute Intestinal Conditions

DR. C. N. SUTTNER, Walla Walla, Wash.: First should be considered psychologic rest, the avoidance of all things that may tend to excite the patient and the encouragement of confidence in the patient and the belief that he is going to get well. Second comes mechanical rest—complete relaxation of all muscles, with supports under knees and back. Third may be considered physiologic rest. Do not feed these patients. A little chewing-gum or good chocolate candy will satisfy and keep them busy. Opiates are seldom necessary. A hypodermic of sterile water will usually act just as satisfactorily. Fourth comes surgical rest. This is brought about by the use of a proper surgical bed, a comfortable operating table, with warm aseptic cushions or pillows for propping patient.

Discussion on Therapeutic Pneumothorax

DR. C. N. SUTTNER, Walla Walla, Wash.: A patient of mine, who gave the clinical picture of pulmonary tuberculosis, secured the effect of compression of the lung by lying on one side for four and one-half months, but later developed an empyema which had to be drained; the patient recovered entirely.

DR. A. C. BEHLE, Salt Lake City: Nitrogen gas is better than air because it is more slowly absorbed. The Röntgen ray should always be used in connection with this treatment to better control the amount of compression.

DR. C. S. WHITE, Portland, Ore.: Every case of tuberculosis should be sent to a sanatorium for at least a month or two for the education such stay gives. Every patient goes home as a missionary teacher of good hygiene; he not only learns how to take care of himself, but he has become watchful of others and can and will advise and instruct his family and friends.

DR. R. C. MATSON, Portland, Ore.: It is quite important to go thoroughly into the patient's personal and family history. The time and place of infection can often be determined. It is important also to inquire into the history of the home—the house or houses in which he has lived. In going into the personal history, remember that some previous illness diagnosed as typhoid, rheumatism or an atypical pneumonia, may in reality have been a tuberculous infection.

Discussion on Treatment of Tuberculosis

DR. L. P. MCCALLA, Boise: Every state should have a sanatorium for the treatment of tuberculosis. It is the duty of this and every state to provide a suitable institution for that purpose. I have abandoned the use of tuberculin as a therapeutic measure, and only occasionally use it for diagnostic purposes. Climate has a beneficial preventive effect. Germs do not grow as well in Colorado or Idaho as they do in a low, moist, warm climate. Giving greater care to food and its preparation is important. The ideal kitchen should be a laboratory, presided over by an intelligent and well-trained and well-paid person.

DR. J. W. GIVENS, Orofino: In reference to the relation climate bears to tuberculosis, I know from personal experience and knowledge that tuberculous patients form a greater proportion of admissions to the Oregon Asylum than they do to those in the Idaho insane institutions. Fewer cases develop in a dry climate than in the moist. The question what and how to feed these patients is all-important. The profession differs as to this, so they often fail to give proper advice to their patients. We know how to feed a cow to accomplish certain ends, but we do not understand yet the best method of feeding human beings, especially sick ones.

Discussion on the Pituitary Body

DR. WILSON JOHNSTON, Seattle, Wash.: We know that the secretions of the pituitary body and other ductless glands are absolutely essential to the development of normal men and women. The relation of the pituitary body to the hyperplasia of pregnancy in women and animals, regulating the type of body developed, is very interesting. Enlargement of the ovary may be a local manifestation of beginning acromegaly due to disease of this body. From a surgical standpoint our increasing knowledge of the functions of this and other allied glands means that we must make more careful and better diagnoses.

DR. FRANK HINMAN, Spokane, Wash.: This subject is of more importance to the internist and general practitioner than to the surgeon. Surgical operation on the pituitary body is very difficult for even expert surgeons, and is dangerous to the patient, so we must look to the internist for a specific remedy. We now have a specific for myxedema, and the prospects are favorable for a specific for disease of pituitary body.

Youth and the Sex Problem

DR. W. T. WILLIAMSON, Portland, Ore.: Children have a right to expect their parents to inform them concerning their sexual functions and the part sex plays in the scheme of life and procreation of our kind. It is impossible for children to develop to full adult life without acquiring this knowledge, and it is far better to have this information properly given them by responsible persons whom the child has been taught to respect and love, than to have the child acquire this knowledge from improper persons under unfavorable conditions. It is our duty as parents to protect the young from the evil influences of others and from their own ignorance. Many boys and girls are victims of diseases and immoral practices because of their lack of knowledge on this subject, and the great question is, how shall we educate our children? A society has recently been organized in Portland for the purpose of discussing this problem and carrying on a campaign of education among the people. As the parents have apparently manifested no interest in this subject, it is proposed that the physicians lend their aid in instructing the parents and teachers how best to reach the children. In the schools it ought to be easy to begin this study early in the child's school life by unfolding to him or her the first life plan of plants and the lower animals, and in a gradual manner explain and lead up to procreation and the relation the sexes bear to Nature's scheme of life.

Several social conditions exist which tend to further the evil consequences of this lack of knowledge of the sex question. Especially in the larger cities, many young girls work in department stores, shops and offices. Most of them are underpaid, yet expected to appear neat and well dressed, and many of these go wrong, first, through ignorance, and then because the leading of such immoral life enables them to have nicer clothes and get more enjoyment from their leisure hours. Then, too, many boys and girls are allowed to roam the streets at night. Enforcement of the curfew ordinance would in a great measure remove this source of temptation. Indiscriminate dancing is a third social condition found in all large towns and cities. Young men, and especially young women and girls, should not be allowed to attend public dances, where they are apt to meet undesirable acquaintances, without proper escort.

It is proposed to correct all these undesirable conditions so far as possible by education of the people. Ignorance is also undoubtedly to blame for a great deal of the sexual diseases afflicting men and women. Most of the operations done on women for pelvic disease are due to venereal disease. This is not surprising when we consider that probably 75 per cent. of men have been infected with gonorrhea in early life, and that from 5 to 18 per cent. of men have suffered from syphilis. Now, most all of these infections are the result of ignorance and may be traced to improper sexual relations, though it is not impossible to become infected without intercourse. So we are all in more or less danger from the general prevalence of these diseases.

Current Medical Literature

AMERICAN

Titles marked with an asterisk (*) are abstracted below.

Northwest Medicine, Seattle, Wash.

November, III, No. 11, pp. 303-334

- 1 *Some Causes and Prevention of Insanity and Feeble-Mindedness. J. W. Graves, Orofino, Idaho.
- 2 Specific Diagnosis of Tuberculosis in Children. R. W. Matson, Portland, Ore.
- 3 Should a Tuberculous Mother Nurse Her Child? M. MacLachlan, Portland, Ore.
- 4 Can Pure Milk be Obtained in Portland? C. S. White, Portland, Ore.
- 5 Intestinal Diseases in Infants. J. B. Bilderback, Portland, Ore.
- 6 Modification of Cow's Milk. E. J. Labbe, Portland, Ore.
- 7 *Treatment of Chorea. W. T. Williamson, Portland, Ore.
- 8 *Relation Between Diseased Tonsils, Rheumatic Fever and Heart Disease. A. K. Higgs, Portland, Ore.
- 9 Differential Diagnosis Between the Exanthemata. F. H. Dammach, Portland, Ore.
- 10 *Cure of Fistula in Ano Without Injury to Sphincters. K. A. J. Mackenzie, Portland, Ore.

1. **Insanity and Feeble-Mindedness.**—To prevent feeble-mindedness and insanity, Givens says, every child should be born of reasonably healthy parents. Every person should have the necessary elements of good nutrition, particularly an abundance of pure air, good water and proper food. All toxic substances from outside the body should be excluded so far as possible and all products of body waste should be regularly eliminated. Such habits of exercise of body and mind, rest and sleep, should be taught and observed as will tend to produce and maintain a sound mind in a sound body.

7. **Treatment of Chorea.**—The treatment recommended by Williamson consists of rest, nutrition, elimination and drugs to combat the symptoms.

8. **Diseased Tonsils, Rheumatic Fever and Heart Disease.**—The relation between tonsillar inflammation and acute rheumatism has been almost universally acknowledged by clinicians for several years, but it is only of late that it has been pointed out that there is a relation between tonsillitis and various lesions of the heart. Observers differ as to the percentage and as to certain details of rheumatic and heart complications following tonsillitis, but as a general proposition all are practically agreed that there is a relation between them. Although a specific etiologic factor has not been isolated, it is generally agreed that acute rheumatism proper is a specific infectious disease of uniform etiology and that the tonsil is often the portal of entry not only for the articular infection but also for myocardial infection. The offending tonsils are not necessarily large; in fact they are often small and submerged so that they may be overlooked entirely as a causative factor in any systemic affection. Higgs says that the patient is entitled to protection from tonsillar infection if it can be done without seriously jeopardizing life. Internal medication, cleaning out the crypts and local applications relieve the local inflammatory symptoms in certain cases and some cases may be practically cured by such treatment, but in most cases such measures are wholly inefficient either to relieve immediate symptoms or to ward off future attacks and in such cases one should resort to some surgical procedure.

10. Abstracted in THE JOURNAL, Aug. 5, 1911, p. 505.

Journal of Cutaneous Diseases, New York

November, XXIX, No. 11, pp. 569-616

- 11 Mottled Chin in Syphilis and Other Dermatologic Observations. W. B. Trimble, New York.
- 12 Erythema Nodosum Syphiliticum. F. J. Levisseur, New York.
- 13 Fatal Case of Blastomycosis. F. J. Shepherd, Montreal.

Interstate Medical Journal, St. Louis

November, XVIII, No. 11, pp. 1073-1160

- 14 Surgical Treatment of Puerperal Infection. P. Findley, Omaha, Neb.
- 15 Modern Trend of Psychiatry. J. V. May, Fishkill-on-the-Hudson, N. Y.
- 16 Atypical Mastoiditis. E. B. Dench, New York.
- 17 Chronic Relapsing Gonorrhea and Methods Used to Determine Its Cure. C. M. Whitney, Boston.
- 18 Nitrous Oxid Anesthesia in Adenoid and Tonsil Operations. C. A. Gundlach, St. Louis.