

as striking a change as we see with the addition of digitalis. He recommends purgatives of strong salines or jalap in dropsy cases. In acute dilatation he recommends venesection, as well as the use of opiates to insure rest. He emphasizes the necessity of treating the heart muscle, even when the kidney or vessels are first affected, that is, to lighten the labor of the heart muscle by depleting measures, purgatives, diuretics, if the kidney is sound, rest in bed, when possible, by use of opiates if there is distress, and by the reduction of drinking fluids. Digitalis may be given to prolong the rest period of the heart-beat.

Double Perforation in Typhoid Fever

DR. E. M. FOLKES, Biloxi, Miss., reported two cases of perforation following typhoid fever. One patient died eleven days after a successful operation for the closure of the perforation. The diagnosis in this case was made early, and operation performed promptly.

The names of the new officers elected were given in THE JOURNAL Nov. 10, 1910, p. 1819.

TRI-STATE MEDICAL ASSOCIATION OF MISSISSIPPI, ARKANSAS AND TENNESSEE

*Twenty-Seventh Annual Meeting, held at Memphis, Tenn.,
Nov. 15-17, 1910*

The President, DR. J. S. RAWLINS, Dancyville, Tenn., in the Chair

Officers Elected

The following officers were elected for the ensuing year: President, Dr. J. W. Barksdale, Winona, Mississippi; vice-presidents, Dr. John Darrington, Yazoo City, Miss.; Dr. Robert P. Nall, Armored, Ark.; Dr. Arthur G. Hudson, Rein, Tenn., secretary, Dr. Eugene Rosamond, Memphis (reelected); treasurer, Dr. J. A. Vaughan, Memphis (reelected).

Memphis was selected as the place for holding the meeting in 1911.

Injection Treatment of Infected Joints

DR. M. G. THOMPSON, Hot Springs, Ark.: A boy, 19 years of age, had had gonorrheal arthritis which resulted in ankylosis of the right knee of eleven months' duration. Under local anesthesia a needle was thrust deep enough to enter the capsule. No synovial fluid escaped, but an injection of liquor formaldehydi in glycerin was made. The next day the knee was more painful. The patient had some fever and was very much depressed mentally, but he was assured that in a day or two he would have a general anesthetic and the breaking up of the adhesions. On the fourth day this was done, and after breaking up the adhesions and flexing the knee, the needle was thrust into it at the same point and at the same depth as at first, and the synovial fluid ran out freely. The injection of the formaldehyd-glycerin fluid was then made, and the knee flexed several times. This flexion relieved the pain very much. In two weeks he could walk, and the knee had returned almost to its normal size.

DISCUSSION

DR. BERNARD ASMAN, Hot Springs, Ark.: I have treated twelve or fifteen cases by this method and satisfactory results have been obtained in all. In some the relief was more prompt and more complete than in others, but in none were there any untoward results observed. An important point in regard to the formaldehyd-in-glycerin solution is that it must always be made up at least twenty-four to forty-eight hours before the time of using.

DR. JOHN L. JELKS, Memphis: Ten years ago I maintained that infections by the staphylococcus and by the tubercle bacillus could be controlled with formaldehyd solution. I also pointed out that formaldehyd solution would destroy the gonococcal infection of the urethra within two weeks.

The After-Care of Anterior Poliomyelitis

DR. WILLIS C. CAMPBELL, Memphis, reported four cases of the disease, and in recapitulation said: The spine should be

immobilized during the period of muscular excitability, as we would any acutely inflamed joint with muscular spasm. The anatomic relation of the joint surfaces should be maintained to prevent deformities from muscular contraction. Deformities, when present, should be corrected by surgical procedures. Massage and electricity are dangerous measures in inexperienced hands. Light braces, which should maintain the parts in correct position. Operative measures give brilliant results in well selected cases. Rarely can a perfect functional result be obtained, but all can be benefited materially.

DISCUSSION

DR. G. G. BUFORD, Memphis: Anterior poliomyelitis is not confined to infants alone. It has been my experience to find nearly as many cases of this disease in adults as in infants. The etiologic factor in the production of anterior poliomyelitis is an inflammatory condition in the anterior horns of the spinal cord. There are three classes of inflammatory conditions. An exudate is present in all. In one class the exudate is absorbed and those patients get well. In others it is not absorbed. In still other cases the cells are involved, and a paralytic condition follows. In the adult cases an infection results from anything which will produce a toxin.

DR. W. T. PRIDE, Memphis: Anterior poliomyelitis is an infection, and as typhoid selects the intestinal glands, so the infective organism of anterior poliomyelitis selects the ganglion cells, especially the giant cells, of the anterior horns of the spinal cord. There are those who believe that heat has a great deal to do with the development of the disease. Operation in a great many cases is satisfactory. By transplantation of the tendons a useless arm or useless leg has been made partially useful. Various orthopedic apparatus are useful. When the case is diagnosed early and paralysis has occurred, the general practitioner should send the patient to an orthopedic surgeon.

DR. W. L. WADLINGTON, Memphis: I have had under my observation for the last two months a woman three months advanced in pregnancy. The trouble began with fever and an acute toxemia, resulting in complete paralysis of the body. There has been a partial recovery from the paralysis in the upper limbs, but not in the lower. I am waiting with much interest for delivery in this case to see what the outcome will be.

DR. W. C. CAMPBELL, Memphis: In New York they have done a great deal by immobilizing the spine in the acute stage and in keeping the patients quiet. The deformities which result from anterior poliomyelitis should be corrected as soon as possible. We see comparatively few deformities from this disease in the clinics of America as compared with those seen in London and Vienna.

Anxiety Neuroses

DR. S. T. RUCKER, Memphis: Anxiety and worry are distressing symptoms in many of the so-called neuroses, but are most common and constant in neurasthenia, hysteria, melancholia, and psychasthenia. In many cases of hysteria, anxiety and worry are annoying symptoms. The patient may constantly refer to some sensation which she interprets as an incurable malady. One patient, whose appetite and digestion were good, complained incessantly that she had an incurable stomach trouble. Another patient had a morbid fear of dying. In melancholia and psychasthenia, anxiety takes the form of a fixed obsession or hallucination, and its manifestation is often distressing to witness. One of my patients would walk the floor crying and displaying great agitation over the belief that she had brought financial ruin to her family. When anxiety and worry are symptoms in the illness of patients, there is no drug or remedy that will take the place of psychotherapy. The physician who has the ability to put his patient in a cheerful frame of mind and fix the belief that he will recover has at his command a most effective therapeutic procedure.

Bacterial Vaccines, a Factor in Therapeutics

DR. WILLIAM LITTERER, Nashville: In no instance have I failed to observe improvement in any mixed tuberculous affection. I would encourage the use of vaccines as an adjunct

to medical and surgical procedures in certain types of infections which up until now have stubbornly resisted all curative measures. In every instance a sinus or fistula of long standing, whether tuberculous or not, should be given the benefit of vaccine therapy. Autogenous bacterines should be used when possible. Stock vaccines are uncertain. In every case of mixed tuberculosis (pulmonary or otherwise) beneficial results have been obtained by employing the autogenous vaccines and tuberculin.

Surgical Treatment of Goiter

DR. W. T. BLACK, Memphis: Thyroidectomy is the usual procedure in hyperthyroidism, but in cases with symptoms of beginning hyperthyroidism, or where the symptoms are not severe enough to warrant a thyroidectomy, ligation will often cure the patient. It is also indicated in every acute case, and in chronic cases which have resisted other forms of treatment, and in which there are secondary changes in other organs. Ligation may be performed either under general or local anesthesia. The ligation of the upper poles has met with satisfactory results in a limited number of cases. I believe if we study the mental as well as the general condition of our patients, and operate oftener by ligation as a preliminary measure, we will reduce to a minimum the risk these patients run.

DISCUSSION

DR. B. F. TURNER, Memphis: Surgery of the thyroid gland involves one other branch of medicine which heretofore has been frequently overlooked. The effect of hyperthyroidism as a cause of dementia has not received the attention that it deserves. Alienists are beginning to recognize that here and there is a patient who is a proper subject for the surgical infirmary rather than for the detention house for the insane. The operations that have been performed on this class of cases have given satisfactory results. I wish to emphasize the necessity of consulting a surgeon with reference to the possible existence of hyperthyroidism and its correction by operation in those cases in which some form of mental derangement would seem to suggest the advisability of incarcerating a patient in an insane asylum.

(To be continued)

PHILADELPHIA COUNTY MEDICAL SOCIETY

Meeting Held Oct. 12, 1910

The President, DR. HENRY LEFFMANN, in the Chair

SYMPOSIUM ON FOOD IN HEALTH AND DISEASE

DR. JOHN MARSHALL spoke on the "Chemistry of Foodstuffs."

Food in Health

DR. W. E. ROBERTSON: Food in health is a subject that receives too little attention from the physician. Dietetic errors in the direction of quality and quantity are probably responsible directly for much of the minor ill health with which the doctor has to deal; and indirectly, by lowering the body resistance, inviting the development of acute infections, or that which is more serious, metabolic disease. Foods may be discussed very broadly as nitrogenous and non-nitrogenous, and according to their nutritive constituents as proteins, carbohydrates and fats. Proteins we regard as tissue-builders and repairers of waste tissue. Carbohydrates and fats produce energy, and both, but especially the carbohydrates, are regarded as protein spacers. I consider the total amount of food requisite to furnish about 3,500 calories per day, the amount generally agreed on as being essential for the average worker. I would commend especially a nut diet as being both economical and furnishing a high food value.

Food in Disease

DR. M. HOWARD FUSSELL, Philadelphia: I believe that in the vast majority of cases which a physician is called to attend, nursing, proper food, and fresh air are of much more importance than drugs. The food prescribed in disease must be of

such a character that it will not embarrass the already weakened powers of digestion. On the other hand it is just as important that the food contains sufficient calories for the maintenance of nourishment. The chief value of beef-tea or other broth without albuminous matter, is in the mental effect which such foods create and the water and salts which they contain. Water should be administered regularly to patients who are ill enough not to ask for it. When practicable the caloric value of the food we administer to our patients should equal that of a diet of health, an average of 2,500 calories daily being about the necessary amount. With patients suffering from typhoid I now add to the diet soft eggs, soft toast, cereals well cooked, very finely minced meats of various kinds.

DISCUSSION

DR. JAMES TYSON: The only condition under which food acids can be harmful to gouty patients is their excessive use so as to overwhelm the stomach contents with acidity. Regarding the use of red and white meats, it is much worse for the patient to take half a pound of chicken than a quarter of a pound of beef. In acute Bright's disease or in the complications due to uremic poisoning, there is nothing comparable to a milk diet. In typhoid fever I am in the habit of saying that a suitable diet is one of liquid of which milk is the principal portion. Farinaceous and soft foods are suitable for these cases. I do not permit eggs to be given until the patient is convalescing. Ice-cream is an admirable food in typhoid fever. Individual peculiarities demand changes in diet.

DR. M. B. HARTZELL: We know too little about the chemistry of digestion and the metabolism of food to formulate any definite rules as to the treatment of our patients by diet. We can advise our patients intelligently only by having them under observation over a considerable period of time. Generally speaking, I should favor a fairly liberal diet, with fruit included.

DR. H. B. ALLYN: What might be called the time habit is important in diet. For example, fruit in the morning is much less apt to disagree with digestion than when taken at night. Eating late at night is apt to cause difficulty because the whole digestive apparatus is less energetic than at an earlier hour. If we could manage to control constipation by dieting measures, it would be much better for the patient than the use of pills.

DR. RICHARD C. NORRIS: From the obstetric standpoint, I can say nothing that is not already known. I know of no one single factor that adds so much to the danger of the pregnant woman as the fault of over-eating. I think it a good practical working rule to suggest to such women the omission of the mid-day meal and the substitution of milk and crackers. Of primary importance from the standpoint of diet is the toxemia of pregnancy. I have been much impressed with the importance of a milk diet in these cases. By some it is regarded as the mainstay in the prophylactic treatment of eclampsia.

DR. KATE W. BALDWIN: I recall the case of a pregnant woman who passed the full term of her pregnancy on rectal feeding and was delivered of a well-developed 8-pound child.

CITY OF WASHINGTON BRANCH OF THE AMERICAN PHARMACEUTICAL ASSOCIATION

Regular Meeting, held Nov. 11, 1910

The members of the Association of Official Agricultural Chemists were guests at this meeting and the subject under discussion was:

The Pharmacopoeial Convention of 1910 and the Prospective Pharmacopoeia of the United States

DR. H. W. WILEY, president of the United States Pharmacopoeial Convention, presented a communication in the course of which he outlined his opinions regarding the Pharmacopoeia and the methods to be followed in revising it. Among other things Dr. Wiley said: