

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: