

I cannot do better than repeat the words of Sir Henry Peak, in the *Lancet* for Aug. 4, 1883: "The education system is not overworking children, but they are underfed. Do not reduce the lessons, but increase the quality and quantity of the food."

That good feeding is necessary for brain nutrition does not need to be demonstrated or even argued at length.

The brain is part of the body, and it must be evident that the position in which education places the brain of undeveloped children, is that of a highly exercised organ urgently requiring food and finding none or very little. These children are growing, and all or nearly all the food they eat is appropriated to the grosser and bulkier parts of the body to the starvation of the brain.

If the brains were not stimulated by intellectual work they would be left simply undeveloped. As it is, they struggle for food with the other organs of the body, and every part of the organism is reduced to a condition favorable to disease. Other things being equal, a growing child with a hungry brain is worse off both in mind and body than a dullard.

If the organ of mind was not at work it would not be so urgent in its demand for food, and even a poorly fed child might grow in body generally; but being mentally active and underfed, it can neither be healthy in brain or muscle.

This is a matter of great moment, and ought to be carefully considered by all who have the care of the young. Brain nutrition makes a larger demand on the supplies than general nutrition, and requires that its special needs receive immediate attention.

I have now fulfilled my intention, that of directing your attention to this important question, and sincerely hope that it may be the means of leading others, much more competent than myself, to give a thorough elucidation of this subject.

RAW FOOD EXTRACTS.

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Molescott's dictum is suggestive, "Without phosphorus there is no thought;" so without nutrition there is no life.

Life may be defined as an aggregation of molecules possessing the properties of respiration, circulation and nutrition. Each of these properties being necessary to all forms of life, the perfection of that life relies upon the completeness of the conditions on which these properties depend. Either of these properties being imperfect or vitiated, the perfection of the organization is impaired, and the life jeopardized.

Pure air in abundance must be supplied. A perfect circulatory system to convey the pabulum to the remotest atom of the organization, and a fluid bear-

ing on its bosom nutritive material suited to the wants of the most delicate tissues is a uniform necessity to health and vigor. From the food the blood is fed, and from the blood the various tissues are built up, therefore the blood of a healthy animal contains all the nutritive material necessary to the production of a perfect organization. If the blood is deficient in pabulum for any tissue, the organ to which that tissue belongs becomes disordered, and the whole system suffers from mal-nutrition and wasting disease, the unavoidable consequence.

Persons suffering from tubercular consumption or chronic disease of any of the vital organs, may be fed on the most nutritious food, and it may be prepared in the most approved ways known to the culinary art, and taken in quantities sufficient to nourish them, and yet they grow thin continually with food in their stomachs, because of a want of power to digest certain elements of it, as starch, sugar, fats, or the albuminoids, and the tissues to be fed by those elements starve, and the whole system is thrown into disease.

It matters but little whether it be faulty diastatic action and the starch not perfectly changed into digestive sugar, or whether it be imperfect peptones and the albuminoids not properly digested, or insufficient action of the pancreatic and liver ferments on the fats, the patient suffers all the same from mal-nutrition.

For faulty diastatic action we have no practical remedy. Soda will relieve the acidity of the stomach, and aid in forcing along the remaining starch to be acted upon by the pancreatic juice.

Pepsin and hydrochloric acid will, in some cases, aid slightly the digestion of the albuminoids, but aids for pancreatic insufficiency in the way of artificial pancreatic ferments, every attempt is worse than a failure. All artificial digestive ferments, when absorbed as such, are poisonous.

Sulph. ether is a direct stimulant to the pancreas, and it increases its secretion and assists in the emulsification of the fats of the food, and is invaluable in the treatment of consumptives where both starch and fats are not well digested.

It may be truthfully stated that all chronic wasting disease is the result of indigestion, or attended with it; and that the great result to be accomplished first, and without which all efforts will fail, is to correct this defect.

Nervous debility and neuralgia are often the results of nerve starvation. They are now, more than ever, the dread of every intelligent physician, and the terror of all business men. The weary hours of pain, and the sleepless nights of those suffering from nervous diseases, are but the beseechings of an exhausted nerve for food.

Hungry and starved, they make their wants known by the pain they set up as their only agonizing cry, and no medication will give permanent relief until the hunger is satisfied.

Having these facts before us, in which direction does medical science point us? Surely there is but one rational plan, and that is in the direction of food suited to the digestive condition of the sufferer.

Our research then must be to find a more easily

digested and assimilated food. Observation seems to sanction the fact that vegetable food elements are more readily assimilated by persons of feeble digestion than are the animal food elements, and especially when they have undergone the digestive process in the stomach of an ox or sheep. The blood of these animals, when healthy and fat, must contain all the food elements in a state of solution most perfect and freed from all indigestible portions, and hence in a form more easily assimilated than any other known food.

I have used blood food or raw food extracts for more than four years in a large number of cases, and in no case of mal-nutrition has it failed to give relief.

I have given it to patients continuously for months with singular benefits, especially in complicated cases of dyspepsia attended with epigastric uneasiness arising from innervation, and in cases of nervous debility of long standing.

The sudden and full relief this food affords patients who have a constant faintness at the stomach, even immediately after taking food, shows how readily it is assimilated. The faintness is a form of hunger, and is the cry of the tissues for food, not quantity but quality. A food that the famishing tissues can appropriate and thrive upon. Raw food is equally adapted to lingering acute diseases. I have used it in the troublesome sequelæ of scarlatina, when there was exhaustion from abscesses in the vicinity of the carotid and submaxillary glands, and in protracted convalescence from typhoid fever with marked advantage.

The cases that I especially value it in are laryngeal consumption and nervous exhaustion, in which cases there is always more or less derangement of the digestive tract, such as pain in the stomach, constipation, eructations of gases, distress after taking food, etc.

Raw food should be taken with each meal, the patients taking such other food as they can readily digest, in quantities suited to the individual cases. It adds much to the nutrition of the patient, overcomes the constipation, subdues the nervousness by increasing the strength, and is just the amount added which is required to secure success.

Intelligent prescribing of drugs implies, first, a knowledge of the power of the drug over certain forms of diseased action; second, a clear understanding of the nature of the disease to be treated, then the dose pushed until the work is accomplished. The same is true of nutrition. Nearly enough will not satisfy. The full meal only satiates. Raw food added to the ordinary meal of invalids very often accomplishes the full meal, and is the satisfying portion.

The therapeutic test of any remedy is its clinical results, and not pathological theories, and therefore I will add a few cases in which I have used it successfully.

CASE I. Mrs. A., aged 28 years. This patient had been failing for six months. When I first saw her she had a sore throat, cough, free expectoration of a glairy mucus, pain and tenderness through right lung just below the clavicle, debility, emaciation, fever,

and night-sweats; pulse, 100; temperature, 99½; appetite poor and food distressed her; had hæmoptysis twice. An examination of the chest revealed a dullness below the right clavicle with diminished respiratory murmur, with moist crepitations over top of both lungs.

Treatment.—Hypophosphite of soda and inhalations of oil perii sylvestris for two months, with but little or no improvement.

Raw food was added, and in six weeks she gained twelve pounds, and was able to resume her home duties.

CASE II. Miss B., aged 22 years. First saw her in 1880. Symptoms—a coarse harsh cough; free expectoration of cell mucus; pain in left side through to shoulder; throat dry; loss of appetite; diarrhœa and constipation alternating; fever at night; pulse, 110; temperature, 100; considerable emaciation and great weakness, constantly taking colds and having fresh attacks of pleurisy.

She had been treated by her family physician seven weeks with no improvement.

Blisters to the side and raw food were advised, and in five weeks she was able to resume her work in a shop.

CASE III. Mrs. H., aged 55 years. This patient had nervous exhaustion from over-work and the loss of a daughter. She was very much reduced, not able to walk on the street. Great nervousness, sleepless nights, head confused, and troubled days, often affirming that she should be insane. No appetite, food distressed her, constipated and great mental depression, often wishing to die. The whole list of nerve tonics and sedatives were tried and failed. I put her on raw food, and she at once began to mend and in six months was well.

CASE IV. Miss M., age 22. For the last five years this patient has been a constant sufferer from cancrum oris. For weeks at a time her cheeks and tongue have been one mass of ulcers. Whole days the saliva would flow continuously from her mouth. Appetite very poor, with a burning pain in mouth and stomach after taking food, and an intolerable faintness when the stomach was empty. For four years she had been suffering in this way until not able to wait upon herself. One year ago I advised raw food, and she has continued it until the present time. She now has very little trouble from the canker and is quite well and strong, able to share the care of her household.

CASE V. Mr. F., aged 30 years. Bright's disease of three years' standing. Symptoms: Uræmic vomiting; frequent epistaxis; sallow, milky complexion; great thirst; good appetite, but food often came up as soon as swallowed. I saw him, and advised mineral water and raw food, which he was able to retain, and improved on it for a time, but finally died. This case showing that raw food could be retained on the stomach when other food was rejected.

CASE VI. Mrs. A., aged 30 years. Had been treated in a distant city ten years for dysmenorrhœa with contracted os uteri, attended with hysteritis, but no improvement. Her menses had not returned but three times for the year.

Raw food was prescribed, and in forty days her menses returned and continued regular afterward, and in three months she was able to take a position as bookkeeper in a large establishment, where she still remains.

PALLIATIVE MEASURES IN RUPTURED EXTRA-UTERINE PREGNANCY.

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Read before the Chicago Medical Society, Dec. 1, 1884.

An editorial bearing this title and appearing in the *New York Medical Record*, of Oct. 25, 1884, contains the following statement:

"There is no palliative measure for a ruptured extra-uterine cyst; there is no expectant treatment; and there is no other way known to medicine by which a woman in this condition can be reasonably expected to survive, save by the prompt use of the knife, and there is no reason for thinking that she would die if this be resorted to in time."

The object of this paper is to offer a protest against this *ex cathedra* mode of settling a question, in regard to which there is room for considerable latitude of opinion. Dogmatism, offensive and unphilosophical under all circumstances, attains its acme of arrogance when applied to rules of practice in medicine and surgery. Certainly, the use of the universal proposition, in the assertion just quoted, is both in bad taste and positively erroneous. In the ensuing discussion, attention is limited to the consideration of tubal pregnancy, because of its most frequent occurrence, and usually early termination. Furthermore, criticism of the treatment of the case, detailed in the *Record's* editorial, is incidental.

Tubal pregnancies may terminate: (1) in the death of the embryo and gradual resorption of the ovum, before rupture of the sac; (2) the sac may rupture, but the egg may remain within, and act as a tampon; (3) the cyst may rupture into the *ligamentum latum*, with the formation of a hæmatoma; (4) the sac may rupture into the peritoneal cavity, with the formation of a retro-uterine hæmatocele; (5) the sac may rupture into the peritoneal cavity, and the life of the woman may be threatened by free hæmorrhage, or the resulting peritonitis; (6) the ectopic pregnancy may persist until the expiration of the full period of utero-gestation. It is impossible, in the present state of medical knowledge, to make any positive statement as to the relative frequency of these terminations. Until within a comparatively recent period of time, only those cases were designated tubal pregnancies, in which the diagnosis was made by an autopsy. It is highly probable that ectopic gestation is of more frequent occurrence than the older systematic writers would lead one to believe. It is also probable that termination by recovery is not an uncommon event. These assertions receive some support from the experience of Professor Karl Schroeder:

"I myself see so frequently cases of tubal pregnancy, in which the diagnosis is positive, pursuing a favorable course, that I consider recovery as the regular termination."

The second, third, fourth and fifth modes of termination are alone pertinent to the present discussion.

(2.) *The sac may rupture, but the egg may remain within, and act as a tampon.* Such cases, with favorable results to the mothers, have been observed by *Wiedersperg*² and *Virchow*.

Operative interference in such cases is so obviously contraindicated, that it is unnecessary to enter upon any comment upon that subject.

(3.) *The cyst may rupture into the ligamentum latum, with the formation of a hæmatoma.*

This termination of tubal pregnancy has been observed, up to the present time, with comparative infrequency.³ There can be no doubt, however, as to its actual occurrence. The sac ruptures into the broad ligament, the embryo escapes, and an extraperitoneal hæmatoma arises. The embryo may go on to full development in this region; usually it dies and undergoes reductive metamorphosis, while hæmorrhage is checked by the pressure of the folds of the broad ligament.

Schuchardt⁴ has demonstrated the possibility of this mode of termination by his celebrated case, published in *Virchow's Archives*. *J. Veit*⁵ has observed the same occurrence.

Primary laparotomy is not indicated by this termination, for the reason that the natural history of the condition shows that hæmorrhage is usually controlled by the relations of the parts, and ultimately complete resorption of coagula and embryo occurs. Exceptional cases, however, may indicate operative procedure for the arrest of hæmorrhage or removal of the embryo.

(4.) *The sac may rupture and the fœtus escape into the peritoneal cavity, with the formation of a retro-uterine hæmatocele.*

Ollivier, Leclerc, Schroeder, Vignès, Gallard, Karl Braun, Veit, Chiari, and others, have observed this mode of termination. There can be no doubt as to its occurrence.

As to the frequency of its occurrence, opinions and statistics widely differ. Gallard⁶ makes the statement that hæmatoceles, arising independently of trauma, are almost always due to the rupture of the cyst of extra-uterine pregnancy. Schroeder⁷ says: "This etiology of the hæmorrhage (retro-uterine hæmatocele) is decidedly of very frequent occurrence, even if the tubal pregnancy is seldom diagnosed."

Veit⁸ has very recently collected 146 cases of hæmatocele, of which 40, or 28 per cent., are referred to this mode of origin. He is convinced that 28 per cent. is a low estimate of the frequency of occurrence

¹ Karl Schroeder's *Lehrbuch d. Geburtshilfe*, Bonn, 1884, p. 422.

² Otto Spiegelberg's *Lehrbuch d. Geburtshilfe*, Lehr, 1882, p. 290.

³ Karl Braun's *Lehrbuch der Gesamten Gynäkologie*, Wien, 1883, p. 634.

⁴ *Virchow's Arch.*, Bd. 89, p. 133.

⁵ Die Eileiterschwangerschaft—von Dr. J. Veit, Stuttgart, 1884.

⁶ *Leçons cliniques des maladies des femmes*. Paris, 1875, p. 635 ff.

⁷ *Handbuch der Krankheiten der Weiblichen Geschlechts-Organen*, von Dr. Karl Schroeder, Leipzig, 1881, p. 452.

⁸ Die Eileiterschwangerschaft von Dr. J. Veit. Stuttgart, 1884, p. 14.