

it, but I would rather have that disgrace than to die at the age of twenty-two of typhoid or tuberculosis.

The picture I have portrayed to you is not a prophetic vision of mine. No. Four thousand years ago and more the great prophet of Israel, David, the King of the Jews, looking into the dim future, saw the day of which I am speaking, whose dawn is now just opening in the East. In that remarkable prophecy of his, looking forward to the day of complete prophylaxis, when all unnecessary diseases would be abolished; that happy day when all avoidable disease would have disappeared, he saw with a clear vision when he said: "Thou shalt not be afraid for the terror by night; nor for the arrow that flieth by day; nor for the pestilence that walketh in darkness; nor for the destruction that wasteth at noon day." "Thou shalt not fear," said David, the great king and poet of Israel. And so I look forward to that day when the terror of the night will not be threatening, when pestilence will no longer walk in darkness, when destruction will no longer waste at noonday; and when that prophecy is fulfilled, and its fulfillment is near at hand, we will begin to realize, after all, the horrible lessons which we have failed to

heed, the worth of humanity. It is not the tariff, nor the income tax that concerns us, but it is the welfare of the human unit, and the day is coming when the political party which writes into its platform the conservation of the public health will write it for the purpose of getting your vote, and then of protecting you in your life. That has never been done yet. The doctrine of public health has been preached by all parties, but they have failed to perform. I believe we will arouse this interest in humanity, and arouse interest in the fact that every human being is worth money; that we cannot throw it away and waste it as we are doing. And then will come the love of humanity, the love for the welfare of humanity which is far away and above all mercenary motives, and thus crown this work for the protection of human life and human health, and to that end I call upon every physician in this assembly, every citizen of this city, every person who has at heart the welfare of humanity, to lend his aid to the great cause of preventing disease, of protecting public health, and of increasing the efficiency and happiness of humanity. (Loud and prolonged applause.)

#### AUTHORS' ABSTRACTS—Medicine.

(Continued from page 365.)

**Medical Side of Exophthalmic Goitre.** By R. W. Baird, Dallas, Texas. *Texas State Journal of Medicine*, February, 1915, pp. 412-415.

Early diagnosis in exophthalmic goitre is of great importance, and the onset is varied. As a rule, the enlargement of the thyroid gland, with ocular, cardiac, vaso-motor or nervous symptoms will point to the diagnosis of hyperthyroidism comparatively early. Yet we must not forget that loss of weight with persistent tachycardia means hyperthyroidism; add to this a fine, regular tremor of hands and feet, and the picture is almost complete. Then add some ocular evidence, as widened slit and infrequency of winking, and some vaso-motor disturbance, as localized suffusion of the neck and face, and the size of the patient's thyroid gland may be disregarded altogether.

Goitre is sometimes substernal and detected by (1) dull area of percussion; (2) skiagraph; (3) evidences of substernal pressure.

The treatment of exophthalmic goitre is both medical and surgical. Mild cases are amenable to medical care alone, but most cases are at some time distinctly surgical. All cases before operation must be carefully prepared by medical attention. Also after operation these cases require,

for a period of time, the same careful guidance. Often after a successful operation patients go all to pieces owing to lack of medical supervision after leaving the hospital.

It is very important that the surgeon in these cases be fitted by nature for his task. He must be gentle, sympathetic, and tactful.

Rest, mental, nervous, and physical, is the essential of medical treatment. Along with this, systematic care.

**Whey in Infant-Feeding.** By A. W. Bosworth, Geneva, N. Y.; H. I. Bowditch and B. H. Ragle, Boston, Mass. *American Journal of Diseases of Children*, February, 1915.

In the experiment reported the child was fed an abundance of fat, sugar and protein, the only variable being the whey constituents which were under observation. The authors were able to reduce the rate of growth, or to inhibit growth, depending upon the amount of whey fed. The inhibition of growth, even when prolonged for several days, resulted in no untoward manifestations of any kind other than a loss in body weight. The results secured confirm the work of Osborne and Mendel\* upon rats. The investigation also seems to support the theory the elimination of that creatin is in some way involved in growth.

\*Publication No. 156 of the Carnegie Institute.