

ideas with the majority of people who possess a small stock, either of money, courage or common sense. Dettweiler proposes to treat this majority irrespective of their possessions.

I have met many Canadian medical men here, both local practitioners and post graduate students. Dr. H. N. Vineberg, well known to Montrealers, is Dr. Hunter's assistant in Gynecology at the Polyclinic, and holds as well the position of Assistant Physician in the New York Hospital. I have to acknowledge many courtesies received at his hands. Dr. Frank Ferguson, originally from the Lower Provinces, has worked his way up to the chair of Pathology in Long Island College, and is also Assistant Pathologist at the New York Hospital. Dr. Ferguson is still a loyal Canadian, as frequenters of the Canadian Club can testify.

Dr. Chappell of Toronto "has fallen upon his feet," and is in partnership with Dr. A. H. Smith. Dr. Woodrough of London, Ont., Dr. Snow, Dr. Robinson, and a dozen others are also here.

C. A. W.

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Progress of Science.

FEEDING PHTHISIS.

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Physicians of the present day, regarding phthisis as a fever, are taking the hint from Graves' celebrated maxim, and feeding it. Not that it has waited for the present day, or even decade, to demonstrate the value, or rather the imperative necessity, of a supporting treatment of the disease whose prominent clinical feature is so aptly expressed in many languages—consumption, *schwindsucht* *phthisis*. Not that the principal features of our hygienic and dietetic regulations may not be found in the writings of the older authors,* and how far back we hardly venture to fix the limit; but that the subordination of medication and the desire for medication to alimentation and concomitant measures, is distinctly modern as a generally adopted practice.

However much others may have contributed to this result, and however independently the practice has been elaborated, no one can consider the subject of alimentation in phthisis without render-

ing at least a passing tribute to the value of Debove's method of forced feeding. His striking results emphasized the lessons of experience, encouraged us to disregard loss of appetite, or even complete anorexia, proved that powers of digestion and assimilation did not decrease *pari passu*, and indeed were not to be arbitrarily limited by any other method than actual experiment; and his systematic use of meat powders gave us a hint as to the best method of preparation of food, the merit of which is no less that American chemists have since much improved upon it.

Our resort to the tube of Debove may be limited to cases in which physical or psychical disability prevents superalimentation by less distressing methods. The word is used advisedly. Often as the writer has preformed *gavage*, and he flatters himself not with any great degree of awkwardness it has in almost every instance proved a source of distress to patient and physician; though it must be interpolated that the refined disgust of the omnipresent carping friend, relative, nurse or other busybody, has always far exceeded that of the sufferer.

However, in most instances, by judicious persuasion, explanation or insistence, it will be possible to induce patients to take a sufficiency of aliment in the ordinary way.

It is again to Debove that we must give credit for having demonstrated what is meant by *sufficiency* of aliment, namely, the extreme limit of assimilability. We have not only to provide for current needs, to repair daily excess of combustion but to make up as far as possible for previous unrepaid waste.

We have thus to determine in each case, and to prescribe with the same precision as in the case of drugs, the quantity and quality of food, and the times of feeding. As the results of experience, general rules will gradually formulate themselves in the mind of the practitioner; and confirmation or modification will result from the progress of physiological chemistry. The opinion most widely prevailing at the present time assigns the first rank as an aliment in phthisis to flesh, and more especially to beef. The results obtained by certain individuals, who devote themselves to the treatment of disease by an exclusive diet of beef prepared in a certain and most excellent manner, conjoined with lavatory potations of hot water to prepare the digestive canal for the reception and disposition of the aliment, cannot be ignored, whatever we may think of the theories or methods of the practitioners in question. Without confining themselves to beef, scientific physicians are justified in giving it the first rank.

It should be taken at least twice daily, three times if possible. It may be eaten raw, as it comes from the butcher, or it may be chopped finely, seasoned to taste, and made into little cakes, which are eaten raw or slightly browned on the grid-iron. It may be taken in the form of rare beefsteak broiled in its own fat, or as very rare

*Of modern authors, the best exposition of the hygienic treatment of consumption is the essay of Dr. B. W. Richardson, published in 1856, and reprinted in *The Asclepiad*, April, 1885, No. 2, Vol. II.