

At present an attempt is being made to support the organ by a bandage. If this is not successful operative measures may be resorted to.

The case presents the following points of special interest:—

1. The occurrence of hepatic prolapse is in itself not very frequent. Graham collected only 70 cases reported during the last 30 years.

2. The condition occurs far most frequently in women who have borne several children and have loose abdominal walls, very rare in men.

3. The etiological association of hepatic prolapse with asthma has not previously been noted so far as I am aware.

SELECTED ARTICLES.

DIET IN TYPHOID FEVER.

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In the majority of cases of typhoid fever milk is the safest and most satisfactory diet. My belief thus stated is founded on experience sustained by what we know of the physiology of digestion and nutrition. As to experience I shall say nothing more, since the weight allowed it must rest solely upon whatever confidence is placed in my ability to deduce conclusions from an experience extending over more than thirty years of active hospital and private practice.

A word, however, as to the support such belief receives from other sources. First is the fact that milk furnishes in an easily assimilable form the food constituents which observation and experiment have shown to be essential to a properly constituted diet, viz., proteids, fats, sugars, minerals and water. These may require modification as to proportion by reason of age, occupation and climate, but these elements in some proportion go to make up every dietary the world over. It is to be remembered that starch is practically sugar. They constitute the food of the young of all mammals, furnished by nature through the mothers, at an age when artificial foods are regarded as unnatural, and used only when accident interferes with the natural source. As to quantity required in typhoid fever it may be put down for an adult at from four ounces as a minimum to eight ounces as a maximum every two hours. More definite amounts must be determined by watching the events of digestion, especially the state of the stools. If there is diarrhea the milk should be boiled or peptonized. If the stools contain fragments of undigested casein the quantity is too large and must be reduced. Should the use of the smaller amounts be followed by similar evidence of indigestion dilution with water or carbonated water should be practised or peptonizing again employed. Rich milk should always be avoided.

In declaring that milk is the most suitable food for the majority of cases of typhoid fever, I do not wish to be understood as holding that there are no conditions demanding modifications of the initial statement.