

perform this operation by simply putting the nozzle of a large syringe right into the ear so that the meatus is completely obstructed and then letting drive as hard as possible with the contained fluid, with the not infrequent result that the pus is driven inwards into the mastoid antrum and not outwards at all. "Syringing" should be done very gently and it is better to use an irrigating douche and not a syringe at all.

It is essential that all patients who are suffering from any form of aural disease should be seen frequently by the surgeon, if only because he is the only person that can inspect the interior of the ear and see what is already happening there.

## Food and Feeding.

### NOTES OF A LECTURE TO NURSES IN THE ROYAL INFIRMARY, EDINBURGH.

By DR. CHALMERS WATSON, F.R.C.P.E.

In lecturing to nurses in the Royal Infirmary, Edinburgh, on Food and Feeding, in the Extra-Mural Medical Theatre, on February 8th, Dr. Chalmers Watson made reference to the products of normal fermentation of the food in the digestive tract, and to the influence of the liver and other glands in neutralising the harmful by-products of normal digestion; also to the rôle of bacteria in normal digestion.

The lecturer stated that many diseases are caused by abnormal fermentation or putrefaction of the foodstuffs in the digestive tract, under the influence of the intestinal bacteria (*auto-intoxication*). The diseases generally regarded as mainly of this origin include gout, chronic rheumatism, arterial sclerosis, some forms of kidney and heart disease, anæmia, various digestive disorders, and premature old age. Auto-intoxication is further a complicating factor of great importance in a number of diseases of other origin, *e.g.*, chronic bronchitis, heart disease, etc. In recent years increasing attention is being directed to this through the work of Metchnikoff on the soured milk (*lactic bacilli*) treatment of disease.

Dr. Chalmers Watson further referred to the products of abnormal fermentation (gases and acids) of farinaceous foods, and of abnormal putrefaction of protein foods (fœtid stools) from excessive bacterial activity; also to recent researches on the influence of diet in changing the character and activity of the intestinal bacteria, and, in consequence, the primary importance of diet in the above conditions.

He gave the following menu as the standard diet for an adult man at work:—

*Breakfast*.—Two slices of thick bread and butter, two eggs.

*Dinner*.—One plateful of potato soup, large helping of meat with fat (about 6 ounces of cooked meat), four moderate-sized potatoes ( $\frac{3}{4}$  lb.), one thick slice of bread and butter.

*Tea*.—Glass of milk and two thick slices of bread and butter.

*Supper*.—Two thick slices of bread and butter and 2 ounces of cheese.

He directed attention to the frequency of the meals and the relative proportion of farinaceous and protein foods. Under normal conditions, digestion, he said, occurs without pain, discomfort, or even sensation, and the state of the urine and motions is satisfactory. In diseases caused by auto-intoxication there may or may not be any subjective symptoms of digestive derangement, but there is always an alteration in the state of the urine and stools. The diet, therefore, must be arranged so as to modify the altered bacterial activity in the bowel, and the improvement will be shown by the disappearance of the fœtor of the stools, and return to their natural form, and by a return to normal of the urine.

The lecturer made reference to the two most common defects in the dietary causing auto-intoxication—excessive proteins, *e.g.*, red meats thrice daily over a long period, or excess of bread, farinaceous food, and sweets, *e.g.*, bread and tea 4 or 5 times daily. Contributory factors are lack of exercise, constipation, septic state of teeth, alcohol, and tobacco.

He also explained the undoubted value in certain cases of special diet cures, *e.g.*, Salisbury diet, a vegetarian or lacto-vegetarian diet, skimmed milk cure, etc., and gave illustrative examples of the dieting of patients in various cases. The following is the diet suggested in chronic indigestion from excess of carbohydrates.

7 a.m.—Tumblerful of hot water.

8 a.m.: *Breakfast*.—Tea, 1 cup without sugar, and milk, not cream. Good helping of fried bacon or fish, or eggs (plain, poached, or scrambled); or cold ham, or cold tongue, or grilled kidney. 1 slice of thin crisp toast, with very little butter.

11 a.m.—1 tumblerful of soured milk, with plain sweet biscuit.

1 p.m.: *Lunch*.—(a) Fish, or chicken, or game; or chop, steak, or roast beef, or roast mutton. (b) Biscuits, or dry roll with cheese, and with butter; cup of coffee.

4.30 p.m.—Cup of soured milk, and half-slice sponge cake or biscuit.

7 p.m.: *Dinner*.—Clear soup, unthickened. Meat as at lunch, without vegetables; dry toast, and a simple gravy. Pudding in form of custard, curds, jelly, cream, or stewed fruit, without added sugar; no coffee.

10 p.m.—Drink of hot water.

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