REPORT

OF THE

Chairman of the Committee on Retrenchment.

INQUIRIES

PRESENTED BY THAT COMMITTEE AND THE VISITING COMMITTEE TO THE SUPERINTENDENT AND THE PHYSICIANS & SURGEONS

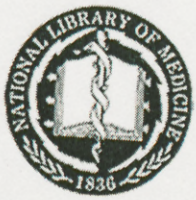
OF

THE NEW-YORK HOSPITAL,

WITH THEIR REPLIES TO THE SAME.

PRINTED BY ORDER OF THE BOARD.

New-York:
FRANCIS HART & CO. PRINTERS AND STATIONERS, 63 CORTLANDT STREET.
1860.



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The Committee on Retrenchment respectfully submit to the Governors of the New York Hospital, the accompanying reply of the Physicians and Surgeons to the queries addressed to them by this Committee on the 27th of June last; together with the answer of the Superintendent to certain inquiries of the Visiting Committee, as to the increased cost of maintaining patients.

JOHN DAVID WOLFE.

J. W. BEEKMAN.

Extracts from the Minutes of the Visiting Committee, May 27, 1859. *Present, Najah Taylor, James W. Beekman, and Frederick A. Conkling.*

The Superintendent was requested to report in writing to this Committee on Friday next, such facts as may be in his possession, in relation to the Minutes of the Inspecting Committee of May 4, 1859, and to the Report of the Committee on Retrenchment, so as to explain why the expenses of the Hospital have been increased.

From the Minutes of the Visiting Committee, June 3, 1859. *Present, Najah Taylor, James W. Beekman, and Frederick A. Conkling.*

As requested on the 27th of May, the Superintendent read a Report on the increased expenditures of the house during the past 20 years, which was accepted and referred to the Board of Governors.

Extract from the Minutes of the Board of Governors, June 7, 1859.

The Report of the Superintendent referred to the Board by the Visiting Committee in their Minutes of 3d instant, was referred to the Committee on Retrenchment, and the Committee were requested to present a written Report thereon at the next meeting.

From Minutes of December 6th, 1859.

The Committee on Retrenchment presented a Report from the Physicians and Surgeons to them, on the subject under consideration. On motion, the Report was referred back to the Committee, with instructions to have one hundred copies of that of the Superintendent, together with the one now presented, printed for the use of the Governors.

To the Medical and Surgical Faculty of the New York Hospital.

Gentlemen:

The Committee on Retrenchment in the government of the New York Hospital, beg leave to submit for your consideration the accompanying documents, and to request the favor of a reply in writing.

John David Wolfe,
Chairman.

James W. Beekman,
Secretary.

To
Joseph M. Smith, M. D.
Chairman of Faculty.

New York Hospital,
June 27, 1859.

QUERIES.

1. *What is the usual quantity of extract of Beef prescribed per day?*

2. *What is the usual quantity of Beef-tea?*

3. *What is the difference between Beef-tea and Extract of Beef?*

4. *What is the difference between Beef-tea and House-soup, as to its nourishing and medical properties?*

5. *State what is the largest quantity of Beef, Extract of Beef, or Beef-tea ever prescribed in one day for one patient; describing the case and its results.*

6. *Would not Mutton in the shape of broth or soup answer the place of Beef?*

Report

*ON THE INCREASED EXPENDITURES OF THE NEW-YORK HOSPITAL, EMBRACING THE PERIOD EXTENDING FROM 1839 TO 1859, AND IN EXPLANATION THEREOF; MADE AT THE REQUEST OF THE VISITING COMMITTEE, BY JAMES DARRACH, SUPERINTENDENT, JUNE 3D, 1859.

To the Visiting Committee of the New-York Hospital:—

Gentlemen: The Report presented to the Board of Governors of the New York Hospital, at the meeting held May 4th, 1859, by the chairman of the Committee on Retrenchment, sets forth the following facts:

First.—During the nineteen years ending on December 31st, 1858, there has been a progressive annual increase in the cost of providing for the patients treated at the New York Hospital, estimated per patient, per week.

Second.—During the same period, from 1839 to 1859, there has been a progressive annual increase in the consumption of animal food and of stimulants, and a diminution in that of farinaceous food, by the patients treated at the New York Hospital, estimated per patient, per day.

On the 5th day of May, 1859, being the next day after the presentation of the above report, the Inspecting Committee record the following minute:

"The house diet appears to be mainly composed of meat. It has been suggested whether an addition of vegetables to the list would not make it more economical, and also palatable to the patients. The Visiting Committee are requested to consult with the attending physicians and surgeons as to this point, as the character of the house diet has a material bearing upon the current expenses of the Hospital. A comparison is suggested with the house diet of some years ago, in order to ascertain if any change has been made which produces so great an increase in the expenses.

* With great pleasure I here record my thanks to Dr. John L. Vandervoort, librarian to the New York Hospital, for the prompt assistance which he has at all times rendered to me in the study of the topics discussed in these papers, and for some illustrative facts to which he directed my attention. Also to Dr. G. A. Quimby, house surgeon, for like aid.

As Superintendent of the New York Hospital, at the request of the Visiting Committee, I will offer such explanations of the subjects involved in the above report and minute, as my experience and study have presented to me, and such only as may be offered without invading the province or prerogative of others.

When, in December, 1854, I had accepted my official trust, and had entered upon its duties, my attention was soon arrested and directed to the following question:

Why is so much animal food required in a hospital?

The necessary details had not been secured for a proper, and to me, satisfactory answer; neither did the records furnish the material required for the necessary data. I therefore recommended to the Visiting Committee a system of written orders, in book form, which was adopted, and is now in use, though not fully enforced until the close of the year 1857. These recorded orders were found inexplicable, without the examination of the case books of this institution, in connection with medical literature, and the corresponding facts occurring in other hospitals.

In this manner, the question and its collaterals have been studied during the last three years. The results which follow are presented with great deference, but, at the same time, with the strong conviction that they will conduce to accurate opinions on the subjects involved.

Annual, progressive increase of *cost* in the maintenance of patients is the first presentation by the Chairman of the Committee on Retrenchment.

This increase of cost has been explained to myself, and, I think, will be to others, by the past "*market rates*," when due weight is given to the annually enhancing value of all dietetic articles. The market rates for three years, (1855, '56, and '57), are shown in table A, which is compiled from the weekly report of Washington market, published in the New York *Evening Post*, by taking the prices there reported, and making an annual average thereof. The maximum and minimum prices of each year examined are also given. This table shows a diminution in prices in the year 1856, as compared with 1855, and again an increase in 1857—an augmentation and decrease coincident with the statistics of the hospital, and pointedly illustrative of the influence of those rates upon the cost of maintaining the patients during those years. This enhancement of cost (dependent upon market rates) is further shown by a comparison with the cost of institutions of correspondent character in table B.

Comparisons of this institution with almshouses, or the Emigrant's Refuge at Ward's Island, are comparisons between incomparable objects, and therefore not proper. The design of a hospital is to renovate and establish the fallen vitality; that of an almshouse merely to keep vitality in existence. The policy of an hospital is to hold forth the hand of invitation; that of an almshouse to stretch forth the palm of repulsion. For confirmation and avowal of the principles of almshouses, see table G and note A; for illustration of their practice, see Senator Spencer's report on the almshouses of the State of New York.

The rate of increase in some institutions varies from year to year; and as shown by the tabulation of costs, and the ratio of its changes, the

economy of the New York Hospital is placed in very favorable comparison with its fellows. Their statements, with their comparative tables, are thought to be sufficient explanations of the annual progressive cost of providing for the patients of this hospital, considered independently of the annual increase in the quantity of animal food estimated, per patients, per day.

This increase in the consumption of animal food, and of stimulants, is the second presentation in the report.

Its explanation is, in part, in the correction of the estimates of quantities; and that of the remainder, which popular notions concerning the diet of the sick may regard an extravagant excess, is in a combination of coincident and concurrent circumstances.

First.—The estimates of the reports, as to quantities per patient, are thought to have been made only upon the number of the patients then in the house, said number, at all periods at which it may be taken, whether daily, weekly, monthly, or yearly, being a variable quantity. The estimations include the food of the corps of officers and servants in the dividends, without including their number, a fixed quantity, in the divisors; the effect in the quotients is, to show a large cost and quantity per patient, when the number of these is small, and *vice versa*. This effect is irregular and erroneous, and is illustrated as follows:

The persons fed at the New York Hospital, other than patients, are 76, occupying 27,740 days in each year. The days occupied by patients in 1858 were 80,615; hence, those occupied by servants and officers in 1858, were equal to 34 per cent. of the days occupied by the patients.

The days occupied by patients in 1853 were 109,781, and hence the days occupied by the officers, &c., for that year, were only equal to 24 per cent. of the time occupied by the patients.

These examples are sufficient to show the effect in the results. Between the two years, 1853 and 1858, they show a variation of 10 per centum; and thus it is made to appear, that the individual patient eats 10 per cent. more meat in 1858 than in 1853, though the actual amount given him at each period may have been the same.

For several years this error in the estimates of quantities, as between the extreme periods noted in the report, is aggravated, because the number of patients, as well as the daily average, has been decreasing, while the number of officers has not *decreased*, but at one or two periods *increased*. The same illustration is applicable to the results as to wages, as well as to quantities.

This mode of estimation, without including the fixed number of officers and servants, creates an error in judgments, which is frequently lost sight of, and, in results, is not sufficiently separable from other circumstances to allow the opportunity of a defined value, which really exists, and with perceptible effect. Table C, which will be explained hereafter, presents corrected estimates of the quantities consumed per patient.

First Circumstance.—The surgery of this hospital has changed during the past twenty years. The minor surgery has diminished; it receives attention at the dispensaries, and the surgical departments of Bellevue Hospital; while, upon the other hand, the introduction of railroads, the increased use of omnibuses, the multiplication of steam-power machinery, the construction of much more, and more massive architecture, the invention and domestic use of burning fluids, and the free use of firearms by boys and men, have greatly multiplied severer injuries; moreover, the use of anæsthetics has so greatly expanded the range of operative surgery, that multitudes of cases, which heretofore the surgeon dared not attempt, are now continually within the wards of this hospital, having been the subjects of extensive and exhausting operations.

The case books, in the library of the institution, fully substantiate this assertion; the arrangement and classification of the cases contained therein, would require much more time and space than is necessary to present their evidence.

Its truth is evident to every reader of the newspapers, and is sensibly impressed upon the minds of all persons conversant with metropolitan hospitals during the last few years. The facts asserted are topics of ordinary conversation in the office and wards of this hospital.

But the question recurs—How does this change in the character of the surgery affect the consumption of animal food? It has even been suggested "that the sick men in their wards eat more meat than the healthy ones do in prisons, refuges, and asylums; yes, even more than those suffering from the same ailments formerly." It is so. This brings me to a second circumstance—one which throws more light upon our inquiries than all others; and whose cause is a topic of great interest both in its nature and practical bearings, but is outside the range of our present inquiry.

Second Circumstance.—There has been a change in therapeutics during the last nineteen years.

Therapeutics have passed from the depletion and low diets practised twenty years ago, to the stimulants and full diets of the present day; and also from farinaceous, to animal food.

The preliminary statement is properly made here—that this change in therapeutics is one based upon a change of professional views of vital operations; of course, involving the whole treatment of disease, bleeding, &c, technically called "Antiphlogistic treatment."

This change commenced, so far as medical literature is concerned, in 1839, though the practice upon which the literature is based must have preceded, yet recently, its announcement.

Paris, [1826.] J. A. ~~Pervis~~, Fellow of the Royal College of Physicians, in his treatise on Diet, Philad. ed., 1826, page 67, says, as a conclusion:

"It follows, then, that in our climate, a diet of animal food cannot, with safety, be exclusively employed; it is too highly stimulating: 'the springs of life are urged on too fast.'"

This is the expression of a doctrine which has been popularly believed, and is now not without its followers; but in the day in which it was announced, (1826,) the practical inference, both with the profession and

the laity, combined with the then approved doctrines of inflammation and fever, was, that the prohibition of the subjects of inflammation or fever from partaking of any animal diet was necessary.

[1839.] William Stokes, M. R. I. A., Honorary Fellow of King's and Queen's College of Physicians, in a monograph published in the Dublin Medical Journal, March, 1839, stands forth as the herald of this therapeutic change, and announces the introduction of stimulus in the form of wine.

He remarks: "If we compare the inexperienced man with him who has had a long continued practice in fever, we may often observe that the former employs a too vigorous antiphlogistic treatment in the commencement of the disease, and delays the exhibition of stimulants until the powers of life are sunk too low, while the latter is much more cautious in husbanding the strength of his patient, and shows much less hesitation in resorting to wine and other stimulants It is in determining on the use of wine in fever, that the junior or inexperienced man feels the greatest difficulty. This is to be explained by referring to the general character of the doctrines which have prevailed within the last quarter of a century, and which are *only now beginning to yield* to a more rational pathology. A doctrine of an exclusive solidism, which referred all diseases to visible changes of organism, which taught that inflammation was the first and principal phenomenon, and that fevers were always the result, or accompanied with some local inflammation, was, however disguised under various denominations, the doctrine taught to the majority of the students. Their ideas were thus exclusively anatomical; inflammation formed the basis of their limited pathology. Utterly ignorant of the nature of essential fevers, they applied, in diseases of debility, the treatment of acute local inflammation, and delayed stimulation until nature could not be stimulated. Let it not be supposed that I seek to make a favorable contrast between the education I received and that given to others; far from it. I confess that it was not until several years after I commenced practice, that I became fully aware of the erroneousness of what is termed the anatomical theory of disease; and I feel certain, humiliating though the confession may be, that the fear of stimulants in fever, which I was imbued with, was the means of losing many patients."

"Some years ago, I would not have dared to give this man (the 5th cited case) wine, from the apprehension of its increasing gastric inflammation." These cases serve as illustrating the line of treatment which was adopted in our last typhus, (1838.) In no epidemic did I ever before give so much wine. I never had such success.

Such is the announcement of the commencement of this change in medical therapeutics; I advance now to that of *Surgery*.

[1843] Another step in this progressive change is presented to us under date 1843, in the clinical lectures on Surgery, delivered at St. George's Hospital, Ed., 1846, page 41, by Sir Benjamin Brodie. Speaking of Erysipelas after operation, he says:

"I was educated in the belief that the thing to be most apprehended after an operation was some kind of inflammation, and the way to prevent inflammation was to keep the patient on low diet; and as long as I acted in accordance with these views, I was meeting with erysipelas at

every turn of my practice. Many years have now elapsed since I became convinced that these views were erroneous; that an operation is a shock to the system, making a great demand upon the vital powers; that the effects of a shock are often much aggravated by loss of blood; that a scanty diet actually makes the patient more liable to certain kinds of inflammation than he would be otherwise; that our rule of practice ought to be rather to sustain his powers, by allowing him wholesome nourishment, and not to add to the influence of other depressing causes that still worse one—starvation. I assure you, and assert it most positively, if you attend to the rule I have just laid down, *although you may not prevent erysipelas altogether, you will find it to be rare, instead of a common occurrence;* and I can scarcely express to you how much greater has been the comfort of my life, and how much less cause for professional anxiety, than was the case formerly."

Of Pyemia he remarks: "This disease, when once begun, is little under the dominion of remedies, but much may be done toward preventing its existence; and all the experience which I have have had on the subject would lead me to believe that, like erysipelas, it has its origin in a low, asthenic state of the system; and that those persons who are especially liable to it, are those who have been most lowered by hemorrhage at the time of the operation, or by too scanty diet before or afterwards." Of Gangrene he makes similar remarks.

[1850.] Dr. R. Mayne, in the Dublin Quarterly Journal of Medicine, article xiv., Nov. 1850, on chronic dysentery, remarks:

"It is, however, upon a judiciously regulated regimen that the physician must rely in his efforts to combat this truly formidable disease. In order to afford the patient the remotest chance of recovery, his system must be supported from the earliest stages of chronic dysentery. Arrow root, sago, and such articles of food, well calculated as they are for the relief of intestinal irritation, are but badly adapted for the formation of healthy blood. Eggs and milk are particularly suitable to dysenteric patients; the majority of them not only bear stimulants, but absolutely require them; and thus brandy and milk, egg-flip, and even wine, are occasionally necessary."

"Dr. Graves, of Dublin, has remarked: 'That in chronic dysentery meat is far too much refrained from, and that many cases which obstinately resist the most varied remedies most assiduously employed, get well rapidly after a liberal allowance of meat given them.' To the truth of this assertion I can bear the most ample testimony, having often succeeded in this way, after the failure of all other measures."

[1855.] Oesterlen, in his Therapeutics, 6th ed., remarks:

"In many gastric and nervous affections, a breakfast of animal food is more serviceable than tea or coffee." Again, "While the British, in their hospitals, have long been accustomed to use a highly nutritious diet, the French have gradually learned that typhus fever patients are frequently more benefited by milk and soup than by leeches, Seltzer waters, and the like." * * * "After the siege of Paris in 1811, the mortality of the wounded among the French and Germans was one to seven, they being treated upon the more or less debilitating plan; while amongst the Russians, who managed better, and were almost literally stuffed with food, it was only one in twenty-seven." He adds the following proverb to his remarks:

"The poor may be healed with beef; the rich with water soups."

Chosat states, "Many patients die who have been long inmates of hospitals, and consequently subjected to restricted, poor diet, of diseases similar to those attendant upon death from inanition—such as diseases of the eye, of cellular tissue, and inflammation, and sloughing of it, the emanation of an offensive odor from the surface, with frequent manifestations of a similar proneness to suppurative action, sloughing, and purulent depots."

[1855.] Dr. Charles Hooker, of Connecticut, in his "Report on the Diet of the Sick," to the American Medical Association, and published in their "Transactions" for 1855, says :.

"Solid food should constitute the *greater portion* of the food." * * * "It is, moreover, obvious that the course of diet commonly recommended in disease is ill adapted to regulate gastric secretion, and restore its natural action. Indeed, the frequent irregular slop diet employed could hardly fail seriously to derange the digestive functions in persons of the most robust health. In febrile diseases, the general dryness of the tongue, and whole interior of the mouth is noticed as a symptom; but instead of solid food, to increase the secretions about the mouth, too commonly the patient is fed on gruel, rice water, and other slops. The natural, rational remedy for this symptom is thus neglected." * * * "Even, therefore, in violent cases of phrenitis and other inflammatory diseases, * * in which increased nutrition is not required, * * even depletion may be required; yet food—light, nutritious food—should be regularly administered to promote natural digestive action and secretion; and in diseases of an opposite character, attended with general wasting debility, and also to support the strength and repair the waste of the body. In such diseases, * * in the early stages, a main object of treatment is to regulate and invigorate the digestive organs. The return of appetite calls for nutritious diet, consisting, in part, of different kinds of solid animal food. The continued use of solid food is preferable to broths and other fluids. * * Physicians with whom I meet are sometimes shocked with the idea of allowing beef-steak, mutton-chop, and other solid meats, in the low stages of typhus fever and typhoid dysentery. But are we, in such cases, to fear too much nutrition ?"

[1857.] Dr. Erasmus Wilson, F. R. S., on diseases of the skin, in 1857, says:

"The diet most suitable for cutaneous diseases, and especially those of a chronic kind, is a nutritive animal diet;" and, further, speaking of certain forms attended with emaciation and mal-nutrition, "Now, these are the cases for cod liver oil."

During this year, (1857), and onward to the present time, medical literature is, perhaps, less occupied with the fact of the change in therapeutics, than with the great controversy which has sprung up as to the causes of this change; one side affirming the change to be owing to a superior knowledge of diagnosis, while the other asserts that the type of disease has altered; and although inflammations and other diseases still affect the human subject, yet they do not assume that sthenic form of fifteen or twenty years ago, * * but requiring stimulants and rest; in fact, the treatment for debility.

[1859.] Christison sets forth the same evidence of the change, by

presenting his experience of forty years, and calling in review the various epidemics which passed under his notice during that period, regarding the cause of the change as existing in the change of type.

Having now shown, from medical literature, the great change in therapeutics, involving the nature of the diet for the sick, by quotations, with the withdrawal of the lancet from general practice, in 1839, and advancing gradually to the relinquishment of gruels and barley water, to the adoption of "nourishing" farinaceous diet, and in 1852 of animal diet for tuberculous diseases, and in 1855 to 1857 to the free use of "beef-steaks, mutton-chops, and other solid animal diet." I now propose to show, very briefly, this same change in the practice of hospitals other than this.

Their dietetic regimens, as well as that of this hospital, as late as 1843, were arranged according to the former therapeutic views, under titles like the following, "Common Diet," "Broth Diet," "Thin, low, or fever Diet," "Milk Diet." This arrangement of specific diets was for the convenience of prescriptions, and while the dietaries have remained unchanged, so far as known, the prescriptions have neglected the low and made use of the full, or meat diets.

The dietaries taken from Pereira may be seen in table F.

Neglecting earlier hospital practice, I present examples from the more recent.

[1857.] Report of the Royal Free Hospital.

After detailing a case of pneumonia, the reporter adds: "The foregoing case is interesting, not only from the complication of an emphysema, which terminated satisfactorily, but the treatment was different from the old plan." Again, "The subjoined case is one of pleuro-pneumonia of both lungs, pursuing a steady course toward cure, with mild treatment, supporting the patient with brandy and beef tea, subsequently changing the latter for full diet."

Report of Westminster Hospital, April, 1857.

"We to-day give some examples of pneumonia, in an uncomplicated form, and we do so for the purpose of illustrating the treatment at our different hospitals. It will be seen how little venesection is resorted to; in fact, we seldom or never see a case requiring its use in London, although it may be necessary in the strong and robust in the country districts. Of course, cupping occasionally is quite essential. One of the striking features in the treatment is, supporting the strength by wine, brandy, and beef tea. Better recoveries are made under such circumstances. We feel sure physicians must remember the long and tedious convalescence which followed the old plan.

Very many more hospitals in Europe, and many in our own country, might be cited; but it is deemed unnecessary, though the multiplication of citations would embrace so many and such distant parts of the world.

I am told there stands on the soil of Ireland, whence come so many of our patients, who require this strong feeding and stimulus, in the city of Dublin, a monument of recent erection, commemorative not only of a great light in medicine, the associate of Dr. Stokes, but also proclaiming to the passers by the great therapeutic change of the last twenty years, inscribed,

ROBERT JAMES GRAVES, M.D., &c.,
DIED, MARCH 20TH, 1853,
"He fed fever."

[1816.] This same change has occurred in the practice of the New York Hospital *pari passu* with the evidence already adduced from other sources.

The pharmacopæia of the New York Hospital, published in 1816, (see note B for the full record of this dietary), on page 5th, reads as follows:

"The plan of diet was changed at different times, between the years 1789 and 1806, in order to discover, by actual trial, that one which united economy with health."

In the dietary adopted November 14th, 1806, is prescribed the following for the dinners of the patients:

"On Mondays, Wednesdays, Fridays, and Saturdays, rice with molasses or milk, and an ounce of butter to each patient; on Sundays, Tuesdays, and Thursdays, meat and soup, with vegetables."

"This was gradually, from the exercise of allowable discretion, changed, until the actual bill of fare was brought to the following:

"On Sundays and Wednesdays, mush and molasses; on Mondays Tuesdays, Thursdays, Fridays, and Saturdays, heads, necks, shoulders, and shins of beef made into soup, with aromatic herbs, palatable seasoning, Indian dumplings, and other additions of nourishing and wholesome vegetables."

In the progress of the inquiry as to the diet of the New York Hospital, the following minute is next found:

[1833.] Visiting Committee, Dec. 3d, 1833.

Present—Philip Hone, Henry J. Wyckoff, and B. W. Rogers.

The Inspecting Committee having, by their minutes of November 14th, called the attention of this Committee to the expediency of altering the course of Diet, so as to dispense with the use of *rice* as a daily supply to the patients, this Committee have conferred with the attending physician, whose opinion is contained in the following report; which is hereby respectfully submitted to the Board of Governors for their consideration.

To PHILIP HONE, Esq., Chairman of the Visiting Committee.

SIR,—Having, agreeably to your request, inquired into the grounds of complaint made by the patients in the medical department of the hospital against the use of rice, I am convinced that this article of food should be discontinued as a part of the stated diet of the house. At present, it is furnished for dinner three times a week; but instead of being consumed by the patients, it is in many, if not in most cases, thrown away as unpalatable and disgusting. In recommending that the rice be withdrawn from the routine of fare, I would respectfully suggest that a diet of meat, either beef or mutton, or these alternately, be supplied daily, for all who are in a condition to take substantial food, and that the use of rice be left to the special prescription of the physicians. With great respect, I am, sir, &c. JOSEPH M. SMITH.

NEW YORK, Dec. 2d, 1833.

At the Governors meeting, held the same day, (Dec. 3d, 1833,) the recommendation of Dr. Smith on the subject of diet, referred to the Board by the Visiting Committee, having been considered,

Resolved, That the subject be referred back to said Committee, with instructions to request the physicians and surgeons to prepare and adopt a diet table for the use of the hospital.

On December 13th, 1833, the Visiting Committee record the following minute:

"The Committee having communicated to the physicians and surgeons the resolution of the Board of Governors, of the 3d inst., on the subject of diet, have received the following communication, and have directed the Superintendent to change the diet of the patients accordingly."

"The undersigned physicians and surgeons of the New York Hospital, having taken into consideration the subject of the ordinary diet of the institution, are of opinion that the usual ration of soup and meat may, with propriety and advantage, be substituted for the rice now furnished on three days of the week, and that no further alteration appears to them to be necessary."

F. U. Johnston.
Joseph M. Smith.
John C. Cheesman.
Alexander H. Stevens.
John B. Beck.
Thomas Cock.
Valentine Mott.
J. Kearney Rodgers.

[1843.] In Lee's edition of Pereira, who was authority upon the subject of diet, and who had not, in 1843, advanced beyond the low diets for fevers; there is the following comment upon the dietary of the New York Hospital.

"The principal objections to the dietary of the New York Hospital are, the want of variety in the food, which is often of great benefit in the treatment of the sick, *and the small allowance of meat.*"

[1852.] On the 6th of April, 1852, a special Committee of the Board of Governors, on the increased expenditures, make a long and very minute report, in which they state:

"It is represented that the ship or typhus fever, during the past year, has been virulent in the extreme, and far more so than in 1847; and from the great prostration of the patients, an unusual amount of stimulus has been necessary, the amount of brandy per patient having been a pint daily for five days, and half a pint of wine daily for ten days. The deleterious state of the atmosphere, produced by those patients, has aggravated the diseases of other patients, and has produced new manifestations of surgical ailments, such as erysipelas, hospital gangrene, &c.—diseases requiring stimulants and special diet. To this may be added the great increase of unusually bad surgical cases, generally caused by railroad accidents, camphene burns, &c.—all tending to add to the impurity of the house."

"Your Committee have been induced to make these explanations, not only because they account in some measure for the increased expenditure of the past year, but because they prove the wisdom of the recent action of the Board in refusing to receive any cases of ship or typhus fever."

"Your Committee are satisfied that it will tend both to improve the atmosphere of the house, and to lessen very considerably the expenses."

These anticipated results have not followed, because of the change in therapeutics which was going on. And the practice of this very year tended more fully to disappoint these anticipatons in regard to diseases generally.

This same report states the expressions of the physicans and surgeons thus:

"They were of opinion that large prescriptions were necessary in typhus or ship fever, but the amount of liquor and special diet which had been consumed during the past year was much beyond their expectation."

I would here step aside from the narrative to remark, that the surprise of the physicians and surgeons, as thus expressed, was natural. The results were new and surprising.

[1853.] On the 25th of February, 1853, the minutes of the Visiting Committee record the fact, that the cost of maintenance of each patient is more than four dollars per week.

On the 5th of April, 1853, the Visiting Committee report the result of investigation as to the expenses of the institution, and after citing other causes of expense, say:

"To this may be added the expense arising from 'special diet.'"

To this evidence of the progressive change, taken from the minutes of the Visiting Committee and of the Board of Governors, I will now add that of the case books of the institution.

An examination of those of the medical division, kindly made at my request by Dr. S. S. Harris, junior assistant in the medical division, satisfied him that, during the period extending from the year 1820 to 1837, there is not on record a single prescription of beef tea,—an article now in such common use, that 5,630 prescriptions are recorded in the ward books for the year 1858, which is equal to from 10,000 lbs. to 39,000 lbs. of beef as purchased, the former amount being the minimum, the latter the maximum, according to the kind of beef tea ordered. (See note 1.)

Dr. Harris selected three forms of disease as the subjects of examination—typhus and typhoid fever, pneumonia, and rheumatism—during the period named, and has given the medication and diet when recorded; where the diet is not given, the medication indicates its kind, whether low or full diet. He has also selected the similar cases most recently treated, (1858–59.) These cases, from the extreme periods, are arranged in parallel columns in table D.

The therapeutic change may be read from this table, and understood by him that runneth.

An examination of the medical case books, containing the records for the month of October, 1840, to January, 1841, each inclusive, was made by myself, and the result given in table E. The interest in this table is partly, perhaps mainly, that the prescriptions for stimulus and diet indicate the initiation of this therapeutic change in this institution;—the unsettled and timid state of the medical mind at that period;—also its cautious feeling of its steps along;—and, as conviction from rational

experience breaks in, the honesty and courage with which that mind submits to yield up long-entertained opinions and practice.

As the dates advance, more firmness is manifested, and the prescriptions of stimulus and beef tea multiply and move from near the end, nearer and nearer to the commencement of the treatment.

During the earlier part of the year 1840, there are occasional, but very rare, prescriptions of beef soup. On the 3d November, in that year, is the first record of the words "beef tea" in the medical case books of the New York Hospital.

So early as this date, the prescriptions of stimulants and beef tea and animal food do not appear except in cases of extreme prostration, and then very moderately, unless when death appeared nigh.

As we advance to the year 1857, the indications of these stimulants and strong diets are earlier in the treatment, and used in a widening and far wider range of diseases.

A parallel progress is exhibited in the case books of the surgical divisions.

Table C exhibits this same progression by its figures representing the annual consumption of meat at the New York Hospital, Pennsylvania Hospital in the city of Philadelphia, and the Marine Hospital on Staten Island; and in table B, by the contemporaneous progressive cost at several hospitals. These tables also present a coincidence of dates with the dates presented in the quotations from medical literature, the reports from other hospitals, and the records in the case books of this hospital. By table C, the increase is shown to commence in 1847, and progress slowly, with slight fluctuations, to 1854. Since then, the progression has ceased. The deficiency in 1855, and excess in 1857, are owing to some error, which is as yet unexplained. I have no doubt the excess of 1857 belongs to 1855, and that the error arises by misplacing in the account, some quantity in 1856 belonging to 1855, and again adding the quantity of 1856 to 1857, as well as its own proper item.

Another evidence of this change is found in the extensive use of cod liver oil. This oil, long known in the northern parts of Europe, is brought more to the attention of the medical profession by Dr. Bennet, in the year 1841, for its valuable therapeutic agency in scrofulous diseases. From this period, it dates its popular use in all diseases of debility, attended with emaciation. Its value as a medicine has been attributed by different writers to each of its various constituents; but the profession at this day regard its chief value as a nutrient. Its permanent and efficient action in this character has given to it a widening sphere of use during this period of change. It is now freely prescribed by the physicians of dispensaries as a nutrient. It is cheap food to that class of the sick who are unable to procure butter and meat, being prescribed at the dispensary as an article of pharmacy, to be used as an article of diet—but a dear one to the dispensaries.

In whatever direction I have been able to examine the question proposed to myself in 1855—why do the sick in hospitals eat so much meat?—the conviction is pressed upon me, that the essential answer is found in the fact of this therapeutic change. Consequently it answers the problem of increased cost of maintenance of patients in hospitals,

so far as that increase is independent of changes in market rates. Moreover, as this therapeutic change has demanded an increase of quantity in animal food, the change has been aggravated by a cotemporaneous advance in market rates of all dietetic articles. The actual advance has been with a ratio less than the advance of the market rates.

So prevalent is the idea that sick people require very little or no meat, that it has been recently said, "the number of the servants and officers of the house were not more than an equivalent for the number of the patients not eating meat, because of their sickness, therefore the mode of estimation which may be admitted for ascertainment of cost, is proper for ascertaining the quantity consumed by each patient."

To ascertain how near this equivalent was a true one, man for man, and consequently the principle of estimation based upon it, I had the census of the non meat-eaters taken through several successive days;—the census of the patients in the house ranging about 225: *Eight* were found not eating meat,—a number scarcely an equivalent for *seventy-six* officers and servants, daily good at the trencher.

The objection in Pereira to the dietary of the New-York Hospital, because in 1843 it contained too little animal food, was a just one, judged by a comparison with other dietaries. Notes A and B, and tables C and F, afford the materials for the comparison.

According to table C, the patients, previous to 1843, received about nine ounces of raw meat, including bone, daily, and that was the meat of "heads, necks, and shins." It has been ascertained by averaging 1,716 boilings of meat in 13 different workhouses in England, that the average loss was 30 8-100ths per cent.; by the average of 10 boilings at this hospital, the average loss was 12 83-100ths per cent. (table H) by boiling, and the loss from bone one-seventh of the weight purchased. By the deduction of the loss ascertained in this hospital, and without taking into consideration the soap fat, which, during the last four years, averages in sales 5,228 lbs. per annum, though a large proportion of this should be deducted, being raw, dry fat, cut from the meat before cooking, the patient who, by table C, is charged with nine ounces of raw meat in 1843, is found, by the adjoining column, actually to receive only 6 71-100th ounces of cooked meat without bone; and he who is charged, in 1857, with 17 7-100th ounces, receives of cooked meat, without bone, 13 20-100th ounces, from which at least one fourth is to be further deducted for the meat used for beef tea. By the column in table C, marked, "reduced to cooked meat without bone," will be found the quantity per day, since the year 1838, which by proper estimation, entered the stomach of each patient.

The amounts there given will not create much surprise, and will be found to be much less than 22 ounces, which was thought an unreasonable amount. There are other losses than those incident to the cooking, noted above, to which food is subject before it is consumed by the patients. On this subject, Pereira very justly remarks. "The loss sustained in preparing and serving cooked meat in large public institutions is very great, and may appear to the unpracticed observer extraordinary; but there are so many sources from which loss arises, that the surprise would be soon removed by attentive consideration of

the subject." Comparisons of expenditures of apparent quantities of consumption, between private families and large institutions, often lead to very erroneous conclusions. While the loss in the preparation and dispensing of food in the small family may be at the same rate as in the large institution, yet the qantities being so much greater in the one than the other, the aggregate loss astonishes and naturally awakens suspicion of want of skill or neglect in the management. From all the opportunities of comparisons of this nature within my reach, I am inclined to the belief that the results are favorable to the economy of the New York Hospital, even in its most expensive years. In such institutions, the gross loss increases rapidly as the gross quantity increases; just as 15 per cent. of 1,000 is a much larger quantity than 15 per cent. of 10, the one being 1½ lbs., and the other 150 lbs.: as loss, the amount arrests and fills the attention more quickly.

With these deductions for loss, the present quantity in use in this institution per patient, is slightly greater than that found in the dietaries in table F. and somewhat less than the consumption in the other hospitals as shown in table C.

Being now done with explanation, I respectfully crave the indulgence of the Committee to a very few words upon the collateral practical question of the necessities and requirements arising out of the therapeutic change which has passed under notice.

As the treatment of disease has changed, in large measure, from the open to the closed lancet—from the corked to the uncorked wine and brandy decanter—from the nusery-lamp preparations of panada and gruel, to beef steak and mutton chop—from the apothecary and nurse to the butcher and cook—dispensaries (the places of medication alone, except in so far as the recent increasing use of Cod Liver Oil for food may make them otherwise), must henceforth and will be contracting the range of their services; while the services of the hospitals, the places not only of medication, but also of food and rest, must and will be enlarged, if the indigent sick are to be supplied, that "the poor may be healed with beef."

It is not intended by this remark, so to exalt the value of solid food, as to throw into shade other hygienic agencies, but merely to place in its proper position the true value of good food for the sick. We believe with Dr. Ansell, late surgeon to to the Western General Dispensary of London, that "Exercise in pure air, good diet, Cod Liver Oil, attention to the secretions and excretions," [of course including the bath] are so many "hygienic and therapeutic remedies auxiliary to each other, and offering a fair chance of renovating the blood, improving the nutrition and curing the disease [tuberculous"], and with Dr. Stokes, when he writes: "By wine, food, and other stimulants, we support nature until the struggle is past, so that, to use the words of an ancient author, 'We cure the patient by preventing him from dying!"

This is the legitimate work of an hospital. It cannot fulfill its office unless it liberally, not wastefully, furnish meat and wine for the sick and wounded. Oil and wine, with no other measure than the requirements of the occasion, were the medication on the highway of old;—a provided temporary domicile and nurse, the hospital of that day.

Since then, while yet the penumbra of that dark eclipse which had rested upon the mental world tarried, overshadowing the scientific mind with the theorisms of the schools and the theoristic reasonings of Aristotle, between those days of oil and wine for the sick and the present time, Dr. Jackson writes, in 1803 :* "It is usual to consider the sick in three classes, requiring three different modifications of diet. There is an acute stage, *in which solid food has no place.* The form of diet for this class is termed low. In the first stage of convalescence, when actual disease has ceased, when appetite has returned, and where it may be indulged to a certain extent, a measure of diet is allowed, suitable in quantity to the wants of the patient, termed half-diet. In more advanced stages of recovery, where the functions of health are restored, the measure is somewhat increased, and is termed full diet, or the highest gradation allowed in hospitals."

Such are the theorisms and doctrines under which we have lived and formed our opinions of hospital management. But now, when Christianity, using the Novum Organum of Lord Bacon, is winning us away from theorism and Aristotle, and we are beginning to run with alacrity in the ways of practical obedience to the teachings of a rational experience,—in March, 1859, Dr John Tudor, Surgeon to the Dreadnought Hospital ship, writes : "Out of fifteen cases of importance, it will be observed that only one death occurred. * * * The general and immediate treatment which I adopt in operations consists in—first, *the most liberal and nutritious diet which a patient can take, and stimulants to any extent which I may consider requisite ;* at the same time carefully watching the effect, protecting the digestion, and sedulously regulating the secretions in general. I believe it to be a mistake sometimes committed, to change unnecessarily the diet immediately after, and for several days following, an operation ; a period, according to my judgment, when the patient, from the effect of the shock, is most dependent upon our support ; and when, *a fortiori,* the sustaining powers should be most carefully maintained. And I must here do the managing committee of this hospital the justice to remark, that they implicity rely upon the judgment of their medical officers.

I was surprised to find the high rate of mortality following surgical operations in Paris hospitals, and, from inquiries made on the spot, I am inclined to believe that this might be greatly diminished by the adoption of a more liberal dietary, and substituting good sound stimulants in place of the miserably thin wine given to the patients."

All of which is very respectfully submitted by,

Gentlemen, your obedient servant,

J. Darrach, Supt.

* Remarks on the constitution of the medical department of the army, with a detail of hospital management, &c., by Robert Jackson, M.D. 8 vo. London, 1803.

Note A.

During the period in which the therapeutic change was occurring in the practice of medicine, changes were also made in the dietaries of asylums, prisons, and almshouses and hospitals.

Experience in these institutions had shown that the health of the inmates required a larger amount of meat and solid food than had previously been allowed, and demanded a review of their dietaries.

In this review and re-arrangement of the dietaries, a leading principle controlled and led to the adoption of a minimum amount of such food. That principle is stated by the Poor Law Commissioners thus: "that in the dietary of the inmates of workhouses, the object is to give them an adequate supply of wholesome food, not superior in quantity or quality to that which the laboring classes, in the respective neighborhoods, provide for themselves."

In January, 1843, the inspectors of prisons in Great Britain, in their report on dietaries to the Secretary of State, express the same principle, thus:

"The dietaries are given as the minimum of what we recommend for each class," &c.

"The principle which we are of opinion ought to be acted on in framing a scale of prison diet, and that which we have endeavored to carry into effect as far as possible in the annexed scale, is that that quantity of food should be given, in all cases, which is sufficient, and not more than sufficient, to maintain health and strength at the least possible cost."

The dietaries thus recommended were finally adopted, the minority not regarding them as sufficient. Prisoners are divided into ten classes, principally classed according to duration of sentence.

I. and II. classes are allowed no meat—sentence less than 14 days.

III. On two days, 1 pint soup each; on two days, 3 ounces cooked meat, without bone; on three days, bread and potatoes, or gruel—sentence exceeding 14 days, and not exceeding 6 weeks.

IV. On four days, 3 ounces cooked meat, without bone; on three days, 1 pint soup—over 6 weeks.

V. On four days, 4 ounces cooked meat, without bone; on three days, 1 pint soup.

VI. On four days, 3 ounces cooked meat, without bone; on three days, 1 pint soup—not employed at hard labor.

VII VIII IX. and X. These four classes do not vary from the others in lessening the quantity of meat. The soup was to contain 3 ounces of cooked meat, without bone, to the pint.

Note B.

Diet of the New York Hospital, taken from the N. Y. H. Pharmacopœia. 1816.

As in the army and navy, so, in this institution, various experiments had been discreetly made to ascertain the best mode of sustaining and supporting those under its care.

The plan of diet was changed at different times, between the years 1789 and 1806, in order to discover, by actual trial, that one which united economy with health; or, in other words, the one which combined a proper regard to frugality in administering the funds of the hospital, with a due respect to the comfort of the patients.

On this subject, the physicians and surgeons zealously co-operated with the governors, and after divers expedients had been fairly tried. the following bill of fare was agreed upon, Nov. 14, 1806, as the diet-table for the patients.

In this allowance, it is understood that bread and salt are issued to the satisfaction of the patients.

FOR BREAKFAST, DAILY.

Rye coffee, with half a gill of milk, and sweetened with sugar; or Indian gruel, sweetened with molasses or sugar. The difference between gruel and mush has only reference to its consistence.

DINNER.

On Mondays, Wednesdays, Fridays and Saturdays, rice, with molasses or milk, and an ounce of butter to each patient. On Sundays, Tuesdays, and Thursdays, meat and soup with vegetables.

SUPPER.

On Mondays, Wednesdays, Fridays and Saturdays, the same as for breakfast. On Sundays, Tuesdays, and Thursdays, common tea, sweetened with sugar, and half a gill of milk.

It is understood that roasted and boiled meats, and other things than those above mentioned, are only dispensed to the patients by the special order of the physicians and surgeons.

Such is the standing rule governing the diet of the New York Hospital; certain alterations have nevertheless been made informally in this respect. For example, during the interruption of the coasting trade by the war which existed between June, 1812, and February, 1815, it was found necessary to diminish the quantity of rice. Sugar and molasses also grew extravagantly dear. In lieu of rice and its condiment, soup of beef with savoury herbs, esculent roots, and maize dumplings, has been generally substituted.

Further alterations have been gradually made from the exercise of allowable discretion, and for the purpose of a salutary change for the patients. These modifications bring the actual bill of fare to the following particulars, to wit:

BREAKFAST, DAILY.

Bohea tea, with milk and sugar, with the addition of an ounce of butter for each person on Sundays and Wednesdays, those being the days when there is no animal food for dinner.

DINNER.

On Sundays and Wednesdays, mush and molasses; on Mondays, Tuesdays, Thursdays, Fridays, and Saturdays, heads, necks, shoulders,

and shins of beef made into soup, with aromatic herbs, palatable seasoning, Indian dumplings, and other additions of nourishing and wholesome vegetables.

SUPPER, DAILY.

Mush and molasses or mush and milk, as best suits the convenience of the household.

If more milk than the ordinary allowance, or if spirits, beer, or wine are by the prescribing physician or surgeon judged necessary for any patient, the quantity and kind ordered by him are recorded in the book of the house physician or house surgeon. These entries are laid before the superintendent, whose duty it is to issue the articles accordingly.

For convenience of practice, and the methodical treatment of patients, their dietetic regimen is distributed under three heads :

I. DIETA TENUIS.

SPARE DIET.

It consists of panado, barley-water, gruel of maize or oatmeal, toast-water, apple-infusion, chicken-water, and infusions of various aromatic, farinaceous, and saccharine vegetables, such as balm, sage, lintseed, tamarinds, figs, and of thin ptisanes.

II. DIETA MEDIA.

COMMON DIET.

This has already been detailed at full length. It is the ordinary allowance of the hospital, and is understood to be dealt out to the patients, unless otherwise directed by the prescriber.

III. DIETA LAUTA.

FULL DIET.

Milk boiled or crude, with toasted bread, mush, rice, or thickened with flour, or combined with eggs into pudding or custard. Eggs raw, poached, boiled, or fried, with their numerous modifications into nutritious compounds. Broiled chicken, ham, fish, beefsteaks, oysters, roast beef, mutton in its various rich alimentary forms, wine-whey, mulled wine, spiced wine, the discreet use of wine with water, a glass drank pure now and then by convalescents and patients extremely debilitated, or taken as a vehicle for Peruvian bark, and an accompaniment for other medicines. Ale, beer, and porter in due proportion, and under suitable directions as to their quantity and their repetition. Spirits cautiously ordered and carefully administered, according to the habits, exigencies, and symptoms of the patient; with such other nutritious articles as the judgment of the prescriber may direct, or the state of the market, or the condition of the larder may afford. Gravy, butter, and sweets; rich, well-seasoned soups and jellies; coffee and chocolate. By way of relish, the fruits of the season.

Table A.

Showing the average prices, and the minimum and maximum prices of the articles of dietetic consumption, for the years 1855, 1856, and 1857, made from the weekly prices current for Washington Market, published in the Evening Post.

ARTICLES.	1855.		1856.		1857.	
	Average for the year.	Minimum and Maximum.	Average for the year.	Minimum and Maximum.	Average for the year.	Minimum and Maximum.
Porter House Steaks,.	19 *a*20	16 *a*25	15 *a*17	14 *a*20	17 *a*19	16 *a*25
Sirloin " .	14⅜–16½	14 –18	13 –16	12 –17	14⅜–16¼	14 –20
Rump " .	12¼–14⅓	12 –16	12 –14	10 –16	12 –14	10 –18
Roast Pieces,.....	13½–17½	12 –18	11 –16	8 –18	10 –16	8 –20
Corned Beef,.....	10 –13	10 –14	8 –12	7 –12	9 –12	7 –15
Mutton,.....	11½–14½	8 –18	9 –14	6 –18	9½–12½	6 –16
Veal, hind quarters,..	11 –15	10 –16	12 –13	10 –20	12¼–15¼	12 –16
" fore " ..	8⅜–10⅜	10 –12	8 –12	6 –18	9 –10⅜	8 –14
" Cutlets,.....	18¾–20⅔	18¾–25	16 –20⅙	15 –25	17⅓–18⅜	15 –25
Pork Carcases, per 100	$8·41 9·57	$6 –$11	$8 –$9	$8 $10·50	$9·4–9·43	6·50–10·50
" retail,.....	11½	10 –12	11⅝	11 –12	12 –13	10 –14
Hams, smoked,.....	14	12 –15	12½–13½	12½–15	12½–13	12 –14
Corned Pork,.....	11¾	11 –12	11⅙	11 –12	10½–11	10 –12
Shoulders, ...	10½–11¾	9 –12	10 –11½	10 –12	10½–11½	10 –12
Sides, ...	11 –13	11 –14	13⅝	12½–14	12½	12½
Pickled Pork, ...	10⅜	10 –12	10 –11½	10 –12	10¼–11	10 –12
Jowls,.....	9¾	9 –10	10	10	10	9 –11
Sausages,.....	10½	10 –12	11¼	11 –12	12	11 –13
Smoked Beef, ...	13	12 –14	10⅜–11⅜	11 –15	14 –14½	12 –15
Lard, per tub, ...	11¾	11 –13	11⅜–12⅔	10½–15	13½–14	10 –16
State Butter, ...	21⅓–23¼	17 –34	19½–24	18 –29	19 –27½	18 –29
Or. Co'y "	26 –34	23 –36	26 –29	23 –38	25 –28	24 –31
Del. " "	24 –36¾	22 –34	21½–25⅔	18 –30	19 –25½	18 –28
Eggs, for $1.00.....	60 –	40 –80	60¼	36 –88	48	28 –66
Striped Bass,.....	9⅜–12	8 –15	12⅞–16½	8 –25	14 –17⅓	10 –26
Cod Fish,.....	4⅜–5¾	4 – 8	5¼– 8	4 –10	6½– 6⅔	5 –10
Black Fish, ...	8 –10	8 –10	8⅔–10⅙	8 –12	8 – 9⅝	8 –10
Pickerel,.....	12	12	12 9/11–14	12 –20	12 –15	10 –18
Salmon Trout,.....	12 –15	12 –15	14 –19	15 –25	13⅜–17	12 –20
Eels, ...	9½–11¾	8 –15	10⅜–12¼	8 –15	12 –12⅔	12 –15
Flounders, ...	5⅜– 8	4 – 8	8 – 9 5/16	6 –10	7 – 8	6 –10
Perch,.....	6⅔– 8	6 –10	7½– 9½	6 –12	10 –10⅓	8 –12
Smelts, ...	12 –12½	10 –15	18 –25	10 –25	13½–16	12 –31
Muskalong, ...			21½	15 –18		
Frost Fish,.....			6	6		
Fowls, per pair, ...	75½–143	75 –150				
" per lb.	10⅜–16	10 –19	14⅓–17¾	9 –20	11 13/15–15	9 –20
Broilers, per pair,....	90⅜–137	50 –200	71 –120	38 – 150	66 –87	50 – 150
" per lb.	12⅔–16	10 –16				
Turkeys, ...	15 –17	10 –22	17 –19½	10 –22	13 –17	10 –20
Geese, per lb.	10⅓–14⅔	9 –16	11¾–13¾	10 –14	10 –14	8 –16
" per pair, ...	76 –150	75 –250	111 –204	75 – 250		
Ducks, "	91⅔–178	62½–200	152 –182	75 – 200	71 – 154	62 – 175
" per lb.					16 –21	12 –25
Canvas-back, per pair,			250	250		
Rednecks, "			125	125		
Quail, per doz.	180½–228¼	100 –350	286 –298	150 – 600	250 – 296	125 – 600

TABLE A.—*Continued.*

Showing the average prices, and the minimum and maximum prices of the articles of dietetic consumption, for the years 1855, 1856, and 1857, made from the weekly price currents for Washington Market, published in the Evening Post.

ARTICLES.	1855.		1856.		1857.	
	Average for the year.	Minimum and Maximum.	Average for the year.	Minimum and Maximum.	Average for the year.	Minimum and Maximum.
Partridges, per pair,..	92½–149⅝	75 *a* 150	88 *a* 118	88 *a* 125	87 *a*100¼	75 *a*112
Woodcock, " ..	72 –81⅜	62½– 100				
" per doz. ..	420⅘–580⅘	300 – 675	420⅘–580⅘	300 – 675	456 –561	400 –600
Rabbits, per pair,....	41 –54	37 –62½	59 –68	50 –75		
Eng. Snipe, per doz. .			236 – 289	225 – 400	290½–336½	225 –450
Grouse, per pair,.....			100 – 125	100 – 125		
Wild Pigeons, per doz.	197 –245	75 – 300	146 –175½	100 – 250	166 –210	138 –300
Hares, per pair,.....			50 –86	50 –86		
Potatoes, per ½ peck,.	22 –23½	12 –15	12 –15	12 –18	12 – 17	12 – 25
Sweet Potatoes,.....	32½	18 –50	27 –28	18 –38	36 – 37½	18 – 50
Mercer " per bbl.					275 –350	250 –350
Turnips, per bunch,..	6	4 – 8				
" per ½ peck,..	15½	12 –25	17 –18	12 –38	14	9 – 25
Beets, per basket,....	126 –150	81 – 200				
" per bushel,....			81 –89	50 – 125	100 –123	100 –125
" per bunch,....	6⅝	6 –12	6	6	7 – 8	6 – 12
Parsley, "	4½	2 –25	5¼– 6⅜	2 – 8	6 – 8½	4 – 12
Carrots, "	4¾	4 – 6	5 – 6½	4 – 8	4 – 6	4 – 6
" each, ...	3 – 3½	3 – 6				
Onions, per quart, ...	8 –	6 –12	6 – 8½	6 – 9	9	9
Salad, per head,.....	1½– 3¼	1 –12½	3¾– 7⅜	3½– 6⅛	3½– 6⅜	3 – 12
Cabbage, per head, ..	5 – 8	2 –31	7 –10	2 –12½	10½– 15	4 – 25
Celery, per bunch, ...	12⅜–13¾	6 –37½	11 –14½	8 –18	12 – 13	10 – 21
Pumpkins, each,.....	6 –15	6 –15	23 –49	6 –13	36½– 38⅛	12 – 15
Squash, "	3 – 4½	3 – 6				
Spinach, ½ peck, ...	17	6 –31	6⅜	6 – 9	12½– 13½	6 – 18
" per peck, ...			18 –21	18 –25		
Salsify, per doz. b'nch's	78 –122	75 – 150	78 – 122	75 – 150	88 –125	88 –125
Lima Beans, per qt...					18	18
Tomatoes, ½ peck,....			18½–25	12 –25	25	25
" per box,...					125 –130	100 –200
" per basket,					118¾–162½	100 –200

Table B.

Showing the cost, per week, per patient, of the articles named, and for the years noted, at the New-York Hospital and Seaman's Retreat for 1857.

YEARS.	1839	1840	1841	1842	1843	1844	1845	1846	1847	1848
Food,	1.29	1.12	.98	.81	.80	.80	.70	.77	.92	.97
Fuel and Lights,	.33	.28	.29	.24	.25	.26	.23	.23	.25	.19
Housek'g articles	.16	.22	.22	.17	.15	.13	.17	.12	.18	.14
Milk,	.12	.16	.17	.14	.12	.09	.11	.10	.09	.09
Wages,	.81	.81	.84	.79	.79	.74	.74	.74	.76	.82
Medic'es & Surgy.	.35	.32	.31	.29	.31	.37	.31	.24	.22	.36
Repairs,	.18	.28	.14	.25	.23	.24	.25	.40	.19	.25
Incidentals,	.14	.08	.08	.06	.07	.04	.03	.05	.03	.03
Cabinet, Library, Burials,	.03	.03	.07	.08	.10	.10	.09	.06	.06	.06
Total,	$3.41	$3 30	$3.10	$2.83	$2.82	$2.77	$2.63	$2.61	$2.64	$2.85

Continued.

YEARS.	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	Seam'n's Retreat. 1857
Food,	1.00	1.05	1.07	1.13	1.17	1.84	1.65	1.65	1.85	1.63	1.67
Fuel and Lights,	.28	.27	.28	.34	.34	.45	.51	.56	.48	.43	.26
Housek'g articles	.17	.11	.39	.16	.19	.36	.24	.13	.18	.13	.28
Milk,	.15	.14	.13	.10	.09	.12	.12	.11	.17	.17	.01
Wages,	.73	.86	.92	.92	.85	1.01	1.13	1.00	1 07	1.17	1.40
Medic'es & Surg'y	.31	.42	.50	.36	.27	.64	.49	.30	.37	.37	.24
Repairs,	.28	.28	.24	.21	.12	.23	31	.24	.22	.23	.19
Incidentals,	.04	.14	.11	.04	.04	.09	.23	.07	.05	.05	.20½ *
Cabinet, Library, Burials,	.06	.01	.07						.01	.12	.13½
Total,	$2.92	$3.28	$3.65	$3.26	$3.07	$4.74	$4-68	$4.06	$4.40	$4.30	$4.39

* Stock, Loan and Interest.

Table B.—*Continued.*

Showing the expense per patient of some of the London Hospitals for the year, from the British Medical Journal.

Each department of St. George's Hospital, ... £46.
St. Mark's, (a small hospital,) ..... £35.
St. Bartholomew's, ... £53.

The other Hospitals vary between these figures.

TABLE B.—*Continued.*

Showing the cost, per week, per patient, of the articles named, and for the years noted, at the Pennsylvania Hospital.

YEARS.	1850	1851	1852	1853	1854	1856	1857	1858
Medicines and Surgery,...	.35	.39	.40		.53	.52	.50	
Household expenses, (food)	.99	1.17	1.28		1.77	1.71	1.78	
Furn're, fuel, light, wash'g.	.50	.49	.74		.67	.67	.61	
Live Stock,.....	.08½	.01	.04		.04	.02	.07	
Repairs, improvem'ts, &c..	.36	.04	.45		.13	.31	.13	
Salaries and Wages,.....	.67	.94	.74		.85	.85	.86	
Medical Library, &c.....	.09½	.10	.12		.09	.23	.24	
Total,....	$3.05	$3.12	$3.77		$4.08	$4.31	$4.19	

TABLE B.—*Continued.*

Showing the weekly expense of maintaining patients in the Albany City Hospital for the years noted.

1851 and 1852,	$5.64
1852 and 1853,	4.28
1853 and 1854,	4.58
1854 and 1855,	5.99
1855 and 1856,	4.59½

TABLE B.—*Continued.*

Table of Expenses of the Massachusetts General Hospital.

Year.	Weekly expenses, including repairs.	Weekly expenses, excluding repairs.
1835		$4.53
1836		5.84
1837		5.30
1838		5.38
1839		5.76
1840		4.32
1841		3.90
1842		5.34
1843	5.00	4.56
1844	4.77	4 77
1845	5 52	5.02
1846	6.43	6.11
1847	5 81	5.64
1848	4.98	4.73
1849	5.04	4.55
1850	5.16	4.90
1851	5 38	4.84
1852	4.87	4.54
1853	5.22	4.87
1854	5.73	5 46
1855	6 21	5.64
1856	6.11	5.50
1857	6.45	5.90
1858	6.53	5.67

Average cost, &c., of each seaman at the Seamen's Retreat, Staten Island, N. Y.

Year.	Average daily.	Annual Expense.	Average per week.
1846	1.24	$247.72	$3.83
1847	1.56	301.53	3.72
1848	1.77	295.21	3.21
1849	1.69	282.03	3.21
1850	1.75	285.90	3.15
1851	2.01	338.52	3.23
1852	1.96	324.42	3.18
1853	1.63	319.42	3.76
1854	1.72	402.91	3.92
1855	1.28	353.19	4.69
1856	1.32	380.89	4.67
1857	1 52	346.60	4.39
1858	1.43	364.01	4.40

TABLE B.—*Continued.*

Showing the cost at the Marine Hospital on Staten Island, of the articles named, for the years noted, used in maintaining patients, per patient, per week.

	1849	1850	1851	1852	1853	1854	1855	1856	1857
Food,	1.01	.91	.70	.67	.66	1.60	1.67	2.14	1.94
Fuel and Light,	.22	.17	.16	.16	.24	.48	.58	.53	.50
Housekeeping articles,	.21	.14	.18	.20	.28	.18	.16	.23	.15
Milk,	.13	.18	.14	.14	.14	.29	.39	.34	.31
Wages,	1.31	1.84	.90	.89	1.00	1.76	2.26	3.35	3.28
Medicines and Surgery,	.24	.17	.14	.15	.19	.20	.23	.26	.18
Repairs,	.06	.18	.21	.02	.03	.06	.20	.10	.35
Incidentals,	.44	.58	.16	.31	.47	.37	.27	.28	.27
Unclassified expenses,			.26	.26	.64	.62	1.03	1.11	1.34
Burials,	.05	.04	.03						
Improvements,	.21			.10	.63	.27	.24	.30	
Total,	$3.88	$4.21	$2.88	$2.90	$4.28	$5.83	$7.03	$8.64	$8.32

TABLE B.—*Continued.*

Cost of board of seamen at the Sailor's Home, under care of the Seaman's Friend Society. Average number per month is 80 souls=2400 days.

Poultry, ... 400 lbs.
Meats, ... 2500 lbs. =2900 lbs.=$19\frac{04}{100}$ oz. per day.
Vegetables, ... $30.
Bread, ... 1500 lbs.
Flour, ... 6 bbls.
30 bushels Potatoes, at 50 cents

TABLE C.

Showing the consumption of Beef, Pork, Mutton, and Veal, at the New-York Hospital, by patients, officers, and servants; and that at the Pennsylvania Hospital, in Philadelphia, and the Marine Hospital on Staten Island, New-York.

	New-York Hospital. Estimated in ounces, per day.				§ Penn. Hospital. Est. in oz. per day.		§ Marine Hospital. Est. in oz. per day.	
	Beef.	Mutton and Veal.	* Total Meat.	Reduced to cooked meat without bone.	Meats.	Reduced to cooked meat without bone. †	Meats.	Reduced to cooked meat without bone. †
	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.
1840	6 *	3	9	$6\frac{71}{100}$				
1841	6 *	3	9	$6\frac{71}{100}$				
1842	$5\frac{40}{100}$ *	3	$8\frac{4}{10}$	$6\frac{3}{10}$				
1843	6 *	3	9	$6\frac{71}{100}$				
1844	$5\frac{60}{100}$ *	3	$8\frac{60}{100}$	$6\frac{41}{100}$				
1845	$5\frac{46}{100}$ *	$2\frac{90}{100}$	$8\frac{30}{100}$	$6\frac{3}{10}$				
1846	6 *	3	9	$6\frac{71}{100}$				
1847	7 *	$3\frac{20}{100}$	$10\frac{20}{100}$	$7\frac{75}{100}$				
1848	8 *	4	12	$8\frac{95}{100}$				
1849	$10\frac{40}{100}$	$4\frac{70}{100}$	$15\frac{10}{100}$	$11\frac{26}{100}$			$13\frac{50}{100}$	$10\frac{6}{100}$
1850	8	$5\frac{30}{100}$	$13\frac{30}{100}$	$9\frac{92}{100}$	$14\frac{20}{100}$ *	$10\frac{57}{100}$	$13\frac{28}{100}$	$9\frac{90}{100}$
1851	$8\frac{30}{100}$ *	$4\frac{90}{100}$	$13\frac{20}{100}$	$9\frac{84}{100}$	16 *	$12\frac{7}{10}$	$12\frac{16}{100}$	$9\frac{7}{10}$
1852	$8\frac{40}{100}$ *	$4\frac{80}{100}$	$13\frac{20}{100}$	$9\frac{84}{100}$	$15\frac{86}{100}$ *	$11\frac{82}{100}$	$13\frac{76}{100}$	$10\frac{27}{100}$
1853	9	$5\frac{70}{100}$	$14\frac{70}{100}$	$10\frac{96}{100}$			$12\frac{96}{100}$	$9\frac{67}{100}$
1854	10	5	15	$11\frac{18}{100}$	$17\frac{76}{100}$ *	$13\frac{24}{100}$	$20\frac{5}{10}$	$14\frac{66}{100}$
1855	$9\frac{70}{100}$	$4\frac{20}{100}$	$13\frac{90}{100}$	$10\frac{36}{100}$	$15\frac{90}{100}$ *	$11\frac{92}{100}$	$19\frac{4}{10}$	$14\frac{21}{100}$
1856	$12\frac{60}{100}$	$2\frac{50}{100}$	$15\frac{10}{100}$	$11\frac{26}{100}$	$15\frac{80}{100}$	$11\frac{79}{100}$	$27\frac{36}{100}$	$20\frac{45}{100}$
1857	$13\frac{90}{100}$	$3\frac{80}{100}$	$17\frac{70}{100}$	$13\frac{20}{100}$	$17\frac{12}{100}$ *	$12\frac{76}{100}$	$23\frac{49}{100}$	$17\frac{61}{100}$
1858	$12\frac{90}{100}$	$2\frac{70}{100}$	$15\frac{40}{100}$	$11\frac{62}{100}$			$29\frac{34}{100}$	$21\frac{78}{100}$

* Include meat used for beef tea.
† Not known whether inclusive or exclusive of officers, &c.
§ Reduced by loss at New-York Hospital, 13 per cent. from cooking, then 1-7 for bone.

Table D.

Showing the treatment of three several diseases at the periods noted, as to medication and diet.

Typus and Typhoid Fever

Treated from 1820 to 1837	Treated during 1858–'59.
1. Venesection, calomel, pulv. jalap, spts. mend. castor oil, sage tea.	1. Hyd. mass. castor oil, serpentaria.
2. Carb. ammonia, serpentaria, calomel, castor oil, arrow-root, a little wine.	2. Castor oil, spt. mind, spt. am. camphor, brandy, beef-tea.
3. Pulv. doveri, calomel, antimony, Ipecac, buchu, blister, snake-root, aloes, wine, carb. ammonia.	3. Hyd. mass. spts. mind. snake-root.
4. Calomel, blister, pulv. Rhei. cups.	4. Mild diet, beef-tea.
5. Wine whey, arrow-root, snake-root, camphor, carb am. wine, brandy, blisters, morphia.	5. Pulv. doveri, farina, beef-tea, wine.
6. Venesection, calomel, antimony, castor oil, blister, arrow-root, barley water, camphor, snake-root, pulv. doveri.	6. Spts. mind. ipecac cups to temples.
7. Calomel, spts-nitre, castor oil, cups, antimony, blister, snake-root, arrow-root, gruel.	7. Spts. mind spts. nitre, beef-tea, milk, wine, acid.
8. Cups, antimony, calomel, castor oil, blister, arrow-root barley water, gruel.	8. Castor oil, serpentaria
9. Blister, arrow-root, wine whey.	9. Wine, beef-tea, castor oil.
10. Calomel, antimony, ipecac, arrow-root, barley water.	10. Beef-tea, wine whey, brandy, ammonia.
11. Spts. mind. antimony, blister.	11. Beef-tea, wine whey, chicken soup.
12. Calomel, pulv. doveri, snake-root, castor oil, spts. mind. venesection, wine.	12. Camphor mixt. ammonia, beef-tea, brandy, spts. mind.
13. Spts. mind. aloes.	13. Mild diet, camphor, opium, wine, milk, farina, snake-root, brandy, ammonia, beef-tea.
14. Antimony, blister, snake-root.	14. Eccopt. mixt. spts. mind. snake-root, wine, ammonia, brandy, opium.
15. Calomel, pulv. doveri, spts. mind. wine, snake-root.	15. Wine whey, brandy, cinchonæ, and iron.
16. Spts. mind. snake-root.	16. Brandy, beef-tea.
17. Calomel, antimony, opium, castor oil, inf. amara, snake-root.	17. Serpentaria, wine.
18. Antimony, spts. mind. mixt. eccopt. castor oil, snake-root.	18. Opium, serpentaria, beef-tea, brandy, tr. cincho.
19. Calomel, antimony, aloes, spts. mind. castor oil.	19. Brandy, wine, sinapism.
20. Calomel, antimony, senna, aloes, pulv. dov. spts. amm. castor oil, carb. iron inf. amara.	20. Spts. nitre, spts. mind. serpentaria, wine, brandy.
21. Calomel, antimony, senna, opium, snake-root, spts. mind. inf. amara.	21. Castor oil, snake-root.
22. Spts. mind. snake-root, mixt. eccopt.	22. Serpentaria, quinia, opium, camphor, brandy, cups, calomel.
23. Spts. mind. snake-root, mixt. eccopt.	23. Spts. mind. spts. nitre, wine whey beef-tea, morphia, brandy, antimony,

TABLE D.—*Continued.*

Typhus and Typhoid Fever.—Continued.

Treated from 1820 to 1837.	Treated during 1858–'59.
24. Calomel, antimony, snake-root, spts. mind. pulv. dov. inf. amara.	24. Spts. nitre, tr. aconite.
25. Calomel, antimony, snake-root, spts. mind. pulv. dov. mixt. eccopt. &c.	25. Spts. nitre, spts. mind. brandy, beef-tea.
26. Pill hyd. senna, pulv. dov. antimony, spts. mind. inf. amara, scilla.	26. Serpentaria, quinine, opium.

Rheumatism.

Treated from 1820 to 1837.	Treated during 1858–'59.
1. Sup. tartrate potassa, senna, antimony, ipecac. antiphlogistic diet.	1. Hyd. mass. rochelle salts.
2. Spts. mind. colchicum, hyosciamus, diet same.	2. Pot. iod. sal rochelle.
3. Calomel, opium, senna, tr capsic, guaiac. diet same.	3. Sal rochelle, morphine.
4. Spts. mind. senna, pulv. dov. aloes, diet same.	4. Inf. senna, pulv. dov. ipecac.
5. Pill aloe acid sulph. amm.	5. Sal rochelle, senna, bi carb pot. tr. aconite, tr. hyosc. blister.
6. Calomel, senna, snake-root, opium, diet same.	6. Mass. hyd. sal rochelle, tr. aconite.
7. Hyosciam. colchicum, calomel.	7. Sal rochelle, tr. aconite, pill.
8. Calomel, senna, opium, guaiac. capsicum, diet same,	8. Sal rochelle, tr. aconite.
9. Magnesia, sulph. tr. opium, snake-root, capsicum.	9. Sal rochelle, tr. aconite, pot. iod. mixt. guaiac.

Pneumonia.

Treated from 1820 to 1837.	Treated during 1858–'59.
1. Venesection 150 ℥, calomel, jalap, squills.	1. Silk jacket, and turpentine to chest, tr. scilla, syr. tolu., snake-root.
2. Venesec. ipecac castor oil, blister, spts. mind. calomel, digitalis.	2. Oiled silk jacket, Stokes' expect. bicarb. pot. inf. amara.
3. Venesec. calomel, pulv. purg. castor oil.	3. Spts. mind. and ipecac.
4. Ipecac, tart. antimony, (sympt of del trem.) opium, aloe.	4. Inf. snake-root, dry cups, spts. mind. and ipecac.
5. Ipecac, blister, amm. spts. nitre, calomel, tart antimony, venesec.	5. Spts. mind. ipecac. Stokes' expect.
6. Calomel, morphia, ammonia, wine whey, blister.	6. Wet cups, oiled silk jacket, spts. mind.
7. Calomel, morphia, castor oil, barley water, gruel, spts. mind. spts. nitre, pulv, dov. arrow-root, tr. opium.	7. Wet cups, Stokes' expect. spts. mind. and ipecac, hyoscyamus.
8. Calomel, antimony, cold toast, water, opium, spts. mind.	8. Spts mind. ipecac.
9. Blister, cups, calomel, opium, morphia, wine whey.	9. Stokes' expect. oiled silk jacket, carb. amm.

TABLE D.—*Continued.*

Pneumonia.—Continued.

Treated from 1820 to 1837.	Treated during 1858–'59.
10. Castor oil, cups, blisters, antimony, morphia, venesec. calomel, ipecac.	10. Mind. and ipecac. Stokes' expect. inf. amara, iron.
11. Spts. mind. sulph. magnesia, blister, antimony.	11. Pill cath. oiled silk jacket, spts. mind. and ipecac, beef-tea, brandy.
12. Scilla, digitalis, blister.	12. Stokes' expect. brandy.
13. Antimony, blister, capsicum.	13. Dry cups, oiled silk jacket, wine, beef-tea, brandy, Stokes' carb. amm.
14. Syrup scillæ, tr. sanguinariæ, ipecac, blister.	14. Spts. mind. oiled silk jacket..
15. Scillæ, opium.	15. Spts. mind. ipecac, oiled silk jacket

Table E.

Showing the practice of the New-York Hospital at the point of change from one system of practice to the other, viz: In October, November, December of 1840, and January of 1841, as to the stimulants and diet.

The first date is that of admission, and the prescription is given with the day of record thereof.

Remittent Fever.

1840.

Admitted.

1. S.S. Oct. 1—2d, Soup and gruel—4th, same diet—16th, cured.
2. C S. " 2—6th Effervesc'g drinks—16th, cured.
3. S.McI. " 3—Barley water & gruel—6th ditto—7th. ditto— 11th, nourishment—20th, cured.
4. G P.H. " 8—Wine—11th, wine & beef-soup — 17th, wine, quinine, and good diet.
5. M.B. " 8—Nov. 5th, improved her diet by ordering not to eat meat.
6. R.G. " 19—21, stimulants freely, died at 12 o'clock.
7. J.H.D. " 22—Sick two weeks, wine freely, and nourishing diet—24th, wine and nourishment—30 cured.
8. J.K. " 28—7th day, porter daily—17th day, wine moderately — 19th day, wine—Nov. 12, died.
9. G.E.W. " 30—Lemonade—Nov. 2, do.—6th, cured.

9½. E. M. " 31—Diluents and gruel.

10. J.S. Nov. 1—Mild nourishment and wine—cured.
11. J.P. " 1—Gruel
12. S.B.R. " 2—Diluents.
13. J. G. " 3—Wine freely, beef-tea, carb. am—6th died.
14. B.H. " 5—Gruel.
15. S. B. " "—8th, animal broth, as cond't'n permits, died
16. M.R. " 7—9th, gruel — 12th, chicken soup—18th, well.

Remittent Fever—Continued.

1840.

Admitted.

17. J L. Dec. 7—11th, generous diet.
18. J.H. " 14—21st beef-tea and wine—Jan. 6th, 1841, improved diet & porter.
19. J.M. Mild diet—died Nov. 7th.

1840.

Anemia.

1½. D.B.N. Oct. 18—Mucilagenous drinks and nutritious diet.

Peritonitis.

20. J.S. Dec. 17—20th wine moderately—27th brandy—29th carbonate of ammonia, brandy.

Otitis.

21. S.L.W. Oct. 15—Gruel—16th, gruel—21st, gruel—28th, cured.

Delirium Tremens.

22. J.M. Dec. 8—Abstin'ce from fluids and solids of every kind but ice.

Rhuematism.

23. M D. Nov. 19—21st—diet unstimulating.

Asthenia.

24. J.Q. Oct. 10—Good diet,—30, ditto—Nov 7 cured.
25. A.V. " 21—Good diet.
26. J.G. " —Nourishing diet.

TABLE E.—*Continued.*

Asthenia—Continued.

1840.

Admitted.

27. C.L. Nov. 24—Generous diet and porter.
28. S.P. Dec. 3—Good nourishment.

1840.

Poison—Arsenic.

29 Dec. 7—Gruel.

Intermittent Fever.

30. Oct. —On the 8th day stop quinine—good nourishment.
31. J.D. " 3—Complicated with erysipelas—Nov. 20th, generous diet.
32. S.F. " 23—Farinaceous diet—Nov. 6, cured.
33. J.S. " 6—7th gruel—13th nourishing diet—22 cur'd.
34. A.W. Nov. 9—Chill broken by quinine. He was, however, in feeble condition--nourishing diet, iron.

Dysentery.

35. S.Y. Oct. 1—Arrow-root — 16th, cured.
36. A.M. " 26—Arrow-root—Nov. 7, cured.
37. S.R. " "—Arrow-root — 10th, cured.
38. F.W. " 12—Arrow-root—Oct. 16 cured.
39. J.D. Nov. 5—Arrow-root and port wine—9th, brandy—27th, table-spoonful of brandy every two hours.

Febris Congesta.

1840.

40. M.A.T. Nov. 12—after 2 or three days treatment was vari'd by addition of wine, subsequently, br'dy, carb. amm. stimulants freely given during the last four days.

Diarrhœa.

1841.

Admitted.

41. P.S. Jan. 9—Flaxseed tea and arrow-root—15th, wine whey — 20th, wine whey and beef-tea—24, ditto—30, died.

Colica.

1840.

42. N.R. Nov. 7—Gruel.

Scarlatina.

43. T.D. Dec. 11—Arrow-root, flaxseed tea undiluted—17th, gruel.

Purpura.

1841.

44. J.H. Jan. 8—Warm tea and lemonade.

Pneumonia.

1840.

45. T.D. Oct. 4—Sick three weeks previous to date—11th, all symptoms have disappeared. The cure no doubt has been effected by the "Vis medicatrix naturæ," as he has taken no medicine since his admission—17th cured.
46. D.B. Oct. 5—9th, wine moderately—10th, wine more freely—11th, wine & soup—17th stop wine—21st, stop medicine and give good nourishment—November 2, cured.

Typhus and Typhoid Fever.

47. B.B. Oct. 25—Arrow-root—29th do & wine freely—30th, wine—Nov. 2d, wine very freely—died 1 a. m.

TABLE E.—*Continued.*

Typhus and Typhoid Fever—Continued.

1840.

48. M.D. Nov. 9—Barley water—11th, beef-tea—12th, wine freely—24th, wine & good diet—Dec. 20th getting fat.
49. J.S. Dec. 14—19th, wine whey and beef-tea—26th ditto, Jan. 2d, wine stopt.
50. J.H. " 14—20th, nourishment—21st, wine in arrow-root—23d, wine and generous diet—Jan. 2d stopt chicken—Jan. 6th, takes full diet.
51. R.C. Dec. 16—19th, wine whey—good nourishment—Jan. 2d chicken soup.
52. T.L. " 21—28 wine—January 2d chicken soup.
53. F.M.C. " "—Barley water—29th barley water and arrow-root.
54. J.T. " 24—Barley water—Jan. 8th wine and chicken soup—6th, full house diet.

1841.

55. G.D. Jan. 12—20th, wine whey—28th, diet of ward.

Typhus and Typhoid Fever—Continued.

1841.

56. S.B. Jan. 14—17th, wine whey and beef-tea.
57. H.A. " 13—20th, beef-tea—24th convalescing.
58. B.G. " 18—Wine whey—23d pint of wine in 24 hours—25 more than a pint of wine—29th stimulants freely—Feb. 1st died.
59. A.F. " 20—Arrow-root.

Scorbutus.

1840.

60. J.W. Dec. 1—Fresh meat, vegetables, acid drinks.

Hematemesis.

61 A.T. Nov. 20—23d Wine modera'y.

Gastro-Enteritis.

62. J.L. Oct. 5—Oct. 7th gruel—13th died.
63. P.S. "9 —12 barley water—14th died.

Table F.

House Diet at the Massachusetts General Hospital.

The General House Diet of the patients will be prescribed from time to time by the Resident Physician, under the direction of the Trustees, and the special diet by the Physicians and Surgeons, and their prescriptions must be rigidly adhered to.

In regard to House Diet, it is not meant that every article included within this term, will be on the table every day; nor that patients are to order any of the articles at their own pleasure, but that they are to partake of such as are prepared for the day, and placed on the table.

When patients believe that particular articles are necessary for them, they will mention this to the Medical Officer under whose care they are placed, and he will order the same, if he thinks it necessary. He will also give specific orders for diet in any case in which he thinks them requisite; and he will likewise limit the quantity in such way, as he believes necessary for the welfare of his patient in any case. If the nurses observe that any patient takes food or drink in excess, it shall be their duty to make the same known to the medical gentleman under whose charge such patient is placed.

When any particular diet is ordered for more than a day or two, it shall be noted on the card on the patient's bed, so that the medical attendant, may be reminded of it; and articles particularly expensive shall not be continued longer than necessary for the patient's welfare.

Ration of a sick Seaman in the French Service is as follows, quoted from "Treatise on Marine Hospitals of the United States, Philadelphia, 1814:"

White bread,	20 ounces.	Mutton, instead of chicken,	4 ounces.
Egg,	1	Prunes,	4 "
Mutton,	8 ounces.	Rice,	2 "
Chicken,	1-7 part.	Butter or sugar,	½ "

The Physician or Surgeon of the Hospital has the power to order the substitution of any article he wishes to prescribe; they can likewise order any comfort in addition to it.

From the same Treatise.

The plan of victualling in the Pennsylvania Hospital, was an exceedingly simple and good one. There were three different diets prepared in the house.

1st. The full or generous diet.

2d. The common diet of the house.

3d. The low diet.

Besides this there was a soup made every day, called the vegetable soup.

Recipe: Potatoes pared and cut into small pieces, 3 parts; onions cut in pieces, 1 part; crusts of bread, 1 part; boiled in water to one-half, strained through a colander, and seasoned with salt.

This plan gave but littletrouble to the cook, and was sufficiently comfortable for the sick.

The Physician or Surgeon ordered one of these diets for his patient, and when he deemed the soup of the common diet too gross for his condition, he substituted the vegetable soup. Under the full diet was comprised, oysters, eggs, porter, and wine.

Subjoined are the Diet-Tables of the Metropolitan Hospitals for the sick, of the Royal Ordnance Hospitals, and of the Royal Navy Hospitals and Marine Infirmaries.

LONDON HOSPITAL.

	Common Diet.	*Middle Diet.*	*Low Diet.*	*Milk Diet.*
Per Day,	12 oz. Bread. 1 pint Porter—men. ½ " " —women.		8 oz. Bread.	12 oz. of Bread.
Breakfast,	Gruel.			
Dinner,	3 oz. Beef with Potatoes thrice a week; 8 oz. Mutton with Potatoes twice a week. 8 oz. Potatoes and Soup with Vegetables twice a week.	The same, except that 4 oz. of meat shall be given instead of 8 oz.	Gruel. Broth.	Gruel. 1 pint of Milk.
Supper,	1 Pint of Broth.		Gruel or Broth.	1 pint of Milk.

ST. BARTHOLOMEW'S HOSPITAL.

	Common Diet.	*Broth Diet.*	*Thin or Fever Diet.*	*Milk Diet.*
Daily,	Milk Porridge. 12 oz. Bread. 6 oz Mutton or Beef. 1 pint Broth, with Peas or Potatoes 4 times a week. 2 pints Beer for men. 1 " " " women. 1 oz. Butter twice a week.	Milk Porridge. 12 oz Bread. 2 pints Broth 1 " Beer. 1 oz. Butter.	Milk Porridge. 12 oz. Bread. 1 pint of Milk, with Tapioca, Arrow Root, Sago or Rice, as may be prescribed. Barley Water.	Milk Porridge. 12 oz. Bread. 2 pints of Milk, with Tapioca, Arrow Root, Sago or Rice, as may be prescribed. Barley Water. 1 oz. Butter. Bread Pudding 3 times a week when ordered.

GUY'S HOSPITAL.

	Full Diet.	*Middle Diet.*	*Low Diet.*	*Milk Diet.*	*Fever Diet.*
Daily,	14 oz. Bread. 1½ oz. Butter. 1 quart Table Beer. 8 oz. Meat when dressed.	12 oz. Bread. 1½ oz. Butter. 1 pint Table Beer. 4 oz. Meat when dressed, and ½ pint of Broth.	12 oz. Bread. 1 " Butter. Tea and Sugar. ½ lb. Beef for Beef Tea, or Arrow Root, or Sago when ordered.	12 oz. Bread. 1 " Butter. 2 pints Milk. ½ lb. Beef for Beef Tea, or Arrow Root, or Sago when ordered.	6 oz. Bread. 1 " Butter. Tea and Sugar. ½ lb. Beef for Beef Tea, or Arrow Root, or Sago when ordered.
For each diet, Gruel or Barley Water, as required.					

TABLE F.—*Continued.*

MIDDLESEX HOSPITAL.

	Meat Diet.	*Soup Diet.*	*Milk Diet.*	*Simple Diet.*	*Cancer Diet.*
Daily, ...	12 oz. Bread.	12 oz. Bread.	6 oz Bread.	6 oz. Bread.	12 oz. Bread.
Breakfast, ...	1 pint Milk.				½ lb Meat.
					½ lb. Potatoes.
					1 pint Milk.
	Physician's Patients.				
Dinner, ...	½ lb. of Potatoes, 4 oz. dressed meat, Beef or Mutton, roast and boiled alternately, 4 days, 4 oz. meat in Soup 3 days.	1 pint Milk. 1 pint Soup, made with 4 oz. Beef, alternately with 1 pint of Broth with Barley.	1 pint Milk. ½ pint Milk, with Rice Pudding 4 days, and with Batter Pudding 3 days.	1 pint Barley Water. 1 pint Gruel.	
	Surgeon's Patients.				
	¾ lb. of Potatoes, 4 oz. dressed meat, Beef or Mutton, roast and boiled alternately.				
Supper, ...	1 pint Gruel, alternately with 1 pint Barley Water.	1 pint Gruel.	½ pint Milk or 1 pint Gruel.	1 pint Gruel or Barley Water.	

ST. GEORGE'S HOSPITAL.

	Extra Diet.	*Ordinary Diet.*	*Fish Diet.*	*Fever Diet.*	*Broth Diet.*	*Milk Diet.*
Daily, ...	12 oz. Bread.	12 oz. Bread.	12 oz. Bread.	12 oz. Bread.	12 oz. Bread.	12 oz. Bread.
	2 pints Beer—men.	1 pint Beer.		Barley Water, ad lib.		
	1½ " " women.					
Breakfast, ...	1 pint Milk.	1 pint Tea.	1 pint Tea.	1 pint Tea.	1 pint Tea.	1 pint Tea.
	1 " Tea.	½ " Milk.	½ " Milk.	½ " Milk	½ " Milk.	½ " Milk.
Dinner, ...	12 oz Meat, roasted, weighed with the bone before it is dressed, 4 days, boiled 3 days.	½ the Meat allowed for extra diet. ½ lb. Potatoes.	4 oz. pl'n boiled White Fish, as Whiting, Plaice, Flounders or Haddock.	Arrow Root, &c, must be specially directed.	1 " Broth. 6 oz. light Pudding.	1½ pints Rice Milk, 4 days, ½ lb. Bread or Rice Pudding 3 days.
	½ lb Potatoes.	1 pint Gruel.	1 pint Gruel.	1 pint Tea	1 pint Gruel.	½ pint Milk.
Supper, ...	1 pint Gruel.	½ " Milk.	½ " Milk.	½ " Milk.	½ " Tea.	
	½ " Milk.					

TABLE F.—*Continued.*

ST. THOMAS' HOSPITAL.

	Full Diet.	*Milk Diet.*	*Dry Diet.*	*Fever Diet.*
Daily,	2 pints Beer. 14 oz. Bread.	12 oz. Bread.	14 oz. Bread. 2 pints Beer.	12 oz. Bread. 2 pints Beer.
Breakfast,	Water Gruel.	1 pint Gruel.	Water Gruel.	Water Gruel.
Dinner,	½ lb. of Beef, when dressed, twice a week. 4 oz. Butter or 6 oz. Cheese, thrice a week. ½ lb. Mutton, when boiled, thrice a week. 1 pint Broth, 4 times a week.	1 " Milk 4 times a week, Rice Pudding thrice a week.	4 oz. Butter, 4 times a week. Rice Pudding and 4 oz. Butter 3 times a week.	¾ lb. Beef, for tea.
Supper,		1 pint Milk.		

DREADNOUGHT HOSPITAL SHIP.

	Full Diet.	*Ordinary Diet.*	*Low Diet.*	*Milk Diet.*	*Fever Diet.*
Breakfast,	1 pint Tea. 1 lb. Bread.	1 pint Tea. 1 lb. Bread.	1 pint Tea. ½ lb. Bread.	1 pint Tea. 1 lb. Bread.	1 lb. Bread.
Dinner,	¾ lb. Meat. ¾ lb. Potatoes. 2 pints Beer, (if ordered.)	½ lb. Meat. ½ lb. Potatoes. 1 pint Beer, (if ordered.)	1 pint Beef Tea.	1 pint Milk.	Gruel.
Supper,	1 " Broth.	1 " Broth or Gruel.	1 pint Gruel or Milk, (if ordered.)	1 pint Milk.	Gruel or Barley Water.

NORTH LONDON HOSPITAL.

	Full Diet.	*Middle Diet.*	*Low Diet.*	*Milk Diet.*
Daily,	16 oz. Bread. ½ pint Milk. ½ lb. Meat and ½ lb. Potatoes, 4 days. 1 pint Soup or Rice, 3 days.	16 oz. Bread. ½ pint Milk. 1 pint Soup or Rice.	8 oz. Bread. ½ pint Milk. Oatmeal for Gruel.	17 oz. Bread. 2 pints Milk.

TABLE F.—*Continued.*

WESTMINSTER HOSPITAL.

	Full Diet.	*Middle Diet.*	*Low Diet.*		*Spoon or Fever Diet.*	*Incurables' Diet.*
			FIXED.	CASUAL.		
Daily,	14 oz. Bread.	10 oz. Bread	½ lb. Bread.		¼ lb. Bread.	¾ lb. Bread. ½ lb. Meat. ½ lb. Potatoes. ¼ pint Milk. 1 pint Porter.
Breakfast,	1 pint Milk Porridge or Rice Gruel.	1 pint Milk Porridge or thin Gruel.	1 pint Tea, with Sugar and Milk.		1 pint Tea, with Sugar and Milk.	
Dinner,	½ lb. Meat, roasted boiled, or Chops. ¾ lb. Potatoes.	¼ lb. Meat, roasted, boiled or Chops. ¾ lb. Potatoes.	No fixed diet for dinner.	1 pint Broth, or ½ lb. of Bread or Rice Pudding, or 1 pint Beef Tea, or a Chop, or Fish.		
Supper,	1 pint Milk Porridge or Rice Gruel.	1 pint Milk Porridge or thin Gruel.	1 pint Tea, with Sugar and Milk.		1 pint Tea, with Sugar and Milk.	

KING'S COLLEGE HOSPITAL.

	Full Diet.	*Middle Diet.*	*Milk Diet.*	*Low Diet.*	*Fever Diet.*
Daily,	1 pint Beer or ½ pint Porter. 14 oz. Bread.	14 oz. Bread.	1 lb. Bread.	8 oz. Bread.	
Breakfast,	1 pint Milk Porridge.	1 pint Milk Porridge.	1 pint Milk.	1 pint Gruel.	1 pint Gruel.
Dinner,	½ lb. Meat. ½ lb. Potatoes.	¼ lb. Meat. ½ lb Potatoes.	do.	1 pint Broth.	2 pints Barley Water.
Supper,	1 pint Milk Porridge.	1 pint Milk Porridge.	do.	1 pint Milk Porridge.	1 pint Milk Porridge.

In addition to the substances specified in the foregoing Diet Tables of the Metropolitan Hospitals, other articles (as chops, steaks, fish, wine, spirit, porter &c.,) are permitted, when specially ordered by the Medical officers. These are denominated *extras.*

Table G.

Showing the quantity of food allowed to each person, weekly, at the following Institutions. *J. S. Gould's Report*, 1852.

	Meat.	*Bread.*	*Potatoes.*	*Rice.*	*Beans.*	*Salt Fish.*	*Meal.*	*Tea.*	*Coffee.*	*Molasses.*	*Solid Food per week.*
	lbs. oz.	lbs. oz.	lbs. oz.	lbs. oz.	lbs. oz.	lbs. oz.	lbs. oz.	lbs. oz.	lbs. oz.	gills.	lbs. oz.
Emigrant Refuge, N. Y.	2 8	9	9	1 1/2	2	8	1	7/8	3 1/2		12 13
Nurseries, Randall's Island, N. Y.	2 6 2/3	7		6		4	3			2 1/2	9 13 1/2
Alms-Houses, (males,) N. Y.	5 8	9 8	1		7	12		7/8	2 2/8		16 12
Alms-Houses, (females,) N. Y.	3 0	8	1	5		12		7/8	2 2/8		13 9
Penitentiary, Blackwell's Isl'd, N Y.	7 8	8 12	6	6 3/4	10		11	7/8	2 1/3	4 1/2	18 5
Alms-House, Philadelphia,	2 8	10 8	2 7	6 1/2		3	4	7/9	2 4/9	3	16 4
Moyamensing Prison, Philadelphia,		8 12									
Eastern Penitentiary, "	5 7	8 12	4	5	4 3/4			1 2/14	3/8	5	18 12
House of Refuge, "	2 10 1/2	12	2	6 1/2			10		1 1/10	3	15 13
Maryland Penitentiary,	4 11	10 8	2 4			1 12			3 3/8		19 3
Baltimore Jail,	7	7									14
Baltimore Alms-House,	2 5	8 12	1 11	6 3/4	1 1/2		2	7/8	2 2/8	2	15 3 1/2
Washington Jail,	7	4 13				1 12			7		13 9
Washington Penitentiary,	6	8 12	8	2		8		7/8	3		15 14
Washington Alms-House,	3	5	8			8		1/4	2 1/2		9
Boston House of Correction,	7	7	4 8				2		3 1/7	1	18 10
Massachusetts State Prison,	6 8	10 8	10 8			12	4		7	2	28 8
Boston Alms-House,	2 7 3/4	7	1	2	4	3 2/3		7/8		1	11 1 1/2
Boston Jail,	7	7	2 10						3 1/2	1/4	16 10
Rhode Island State Prison,	3 10 1/3	7	14		5	8	2 10		1 2/5	3	14 15
Providence Alms-House,	4 2	7 7	8	3	9	5	2	7/8	1	2	15 2
							Catmeal.				
Pentonville Prison, England,	1 12	8 12	7				5 1/4				17 13 1/4
							Wh. Flour.				
United States Navy,	7	6 2		1	15		1	1 3/4			16 1
United States Army,	7	7 14		2 1/2					1		15 0
											13 8

Table H.

Showing the results of 10 boilings of meat, in the kitchen of the New-York Hospital, from the 14th to the 25th of May, 1859, each inclusive.

Date.	*Weight before boiling.*	*Weight after boiling.*
May 14, 1859,	154 lbs.	134 lbs.
16, "	135 "	121 "
17, "	102 "	90½ "
18, "	106 "	87 "
19, "	104 "	83 "
20, "	121 "	102 "
21, "	151 "	136 "
23, "	141 "	130 "
24, "	151 "	130 "
25, "	147 "	131 "
	1312 lbs.	1144¼
	1144½	
	168 loss=$12\frac{89}{100}$ per cent.	

Note 1.

During the period from May 28th, 1859, to June 10th, 1859, each inclusive, there was 261 lbs. of beef given out for beef tea. During the same period, there are on record 122 orders for beef tea, which is equal to $2\frac{31}{100}$ lbs. of beef for each order.

The results of two experiments, made at different times, showed that, in making extra beef tea by boiling in the jug, there was required 8 lbs. of beef to the quart.

The last experiment yielded but 14 oz. of tea, by liquid measure.

Messrs. J. D. WOLFE and J. W. BEEKMAN, of Committee on Retrenchments, &c., &c.

GENTLEMEN,—The physicians and surgeons of the New York Hospital, to whom certain queries and documents were submitted, through their senior physician, Dr. J. M. Smith, beg leave to reply to the queries addressed to them.

1. That the different liquid preparations of beef used in the hospital are entered in the books under the general name of "beef tea," so that it would be difficult to separate the quantity of "extract of beef" prescribed from that of "beef tea;" nor is this thought necessary for the purposes which the Committee are supposed to have in view. Nor is it easy to say how much of these preparations is "usually prescribed per day," as the quantity must necessarily vary with the number of patients in the house, and the nature of the cases. The number of orders for beef tea recorded in the hospital books varied during the first seven months of the present year from 60, in the month of March to 206 in the month of July, on the medical side; and from 175 to 297, in the same months, on the surgical side; and the whole number of orders on record, for the year 1858, was 5,630. Each order is estimated to be for one pint.

2. The difference between beef tea and extra beef tea, as recognized at this hospital, is, that the former is made by macerating in cold water lean muscle of beef, cut into small pieces, in the proportion of one pound of meat to one pint of water, for an hour or more, and then boiling it for a short time; while the extra beef tea is made by putting the beef, prepared in the same way, into a jug, in the proportion of one ounce of water to two and a half pounds of meat, corking it, and boiling the jug for several hours. This latter preparation is sometimes called "extract of beef," but is usually called "extra beef tea," in the hospital orders, and is one which is only used in more urgent cases. Other modes of making liquid preparations of beef are used by physicians in general practice, but these are believed to be the ones exclusively used in the hospital, at least on ordinary occasions.

It is perhaps proper to mention in this connection, that the solid part of the beef remaining after the preparation of the ordinary beef tea, contains much nutritious matter, and might form a convenient as well as advantageous article of diet, with a proper proportion of potatoes, and perhaps other vegetables, and thus prove a matter of some economy.

3. The difference between beef tea and house soup is, that the latter article is made with a much smaller proportion of beef to the water, that the fat and bones are not separated from the muscle, and also that it contains different kinds of vegetables, and, consequently, is both less nutritious and more apt to disagree with the stomachs of patients; and hence, though good as an article of ordinary diet, is unfit to take the place of even common beef tea in patients requiring that article.

4. The largest quantity of any liquid preparation of beef probably ever prescribed in one day in the New York Hospital, for one patient, was two quarts, and this amount is said to have been given to a woman in the surgical department, from whom a large tumor had been removed, and who is said to have recovered from an extreme degree of exhaustion. It is stated by the Superintendent of the hospital, in a communication from him, in which this case is introduced, that the beef tea, in this instance, was prepared in the proportion of one quart to six pounds of lean meat, or eight pounds of meat as purchased, which would give the impression that sixteen pounds of beef were consumed by a single patient during twenty-four hours. It is this exceptional case—exceptional in the quantity used, but more especially in the quantity of beef said to have been consumed in its preparation—whlch has given rise to the inquiries recently instituted by the Governors on this subject, and it is not strange that such a circumstance should have attracted their attention. But it will be recollected that, with proper management, the same amount of lean beef (16 lbs.) will yield eight quarts of beef tea, instead of only two, and that such cases are of comparatively rare occurrence, and hence form no basis for an estimate for the regulation of a large hospital. Indeed, it may be remarked, the quantity of food taken by a patient in health, or even by a patient with some mild form of disease, does not constitute any criterion for judging as to the quantity which patients in a state of extreme exhaustion may require. Allowance must also be made for what must necessarily be lost in feeding one so much exhausted as the patient in this case was said to have been; and, in estimating the entire quantity used in a hospital, that spilled in giving it to delirious patients, and also that used for enemata, must be taken into the calculation.

5. With regard to the substitution of mutton, in the shape of broth or soup, for beef, as food for the sick, they would remark, that it is more apt to disagree with delicate stomachs, especially if the fat is not very carefully removed from it, and also that it has a peculiar flavor, which is offensive to many persons. They feel, too, that the almost universal practical decision of the profession in favor of preparations of beef instead of mutton for this purpose, is entitled to much weight in the decision of the question as to their comparative merits, and are, therefore, of the opinion, that there would be rather a loss than a gain by the attempt to substitute mutton for beef for the general use of the sick in hospitals.

With regard to the documents drawn up by the superintendent, which were submitted to them at the same time with the queries, to which replies have now been given, the physicians and surgeons would add, that they consider the report a valuable one, as presenting a full and correct statement of the change which has taken place in the practice of medi-

cine during the last twenty years, in the increase in the amount of nutritious food and tonic and stimulating drinks required in the treatment of many cases of disease, and as thus affording a satisfactory explanation of the necessity for the increased expenditure in this department which has been called for at the New York Hospital, to meet this change in the demands of patients; and that the elaborate tables which accompany this report, show that the increase in this branch of expense is one which has been shared by other institutions of the kind in this city, and in other parts of the country. Respectfully, your obedient servants,

JOSEPH M. SMITH,
GURDON BUCK,
JNO. WATSON,
JNO. H. GRISCOM.
H. D. BULKLEY,
T. M. HALSTED,
T. M. MARKOE,
WM. H. VAN BUREN,
THOMAS F. COCK,
WILLARD PARKER.

New York, Dec. 6, 1859.