BIBLIOGRAPHY


2 Prendergast, J. J., R. L. Fenichel and B. M. Daly: Albumin and Globulin Changes in Burns as

DISCUSSION.—DR. DONALD W. SMITH, Miami, Florida: Dr. Blocker has shown by his nitrogen balance studies in severely burned patients receiving continuous drip feeding that their tremendous nitrogen losses can be met, or significantly reduced. We have had similar experiences, and are convinced that this can be accomplished only by continuous 24-hour, around-the-clock feeding.

By daily urinary, stool, bleb fluid and exudate studies we have found the nitrogen losses to exceed 30 or 40 Gm. daily for two weeks, and remain elevated above 20 Gm. for six weeks or longer.

Such initial protein requirements as 200 to 250 Gm. daily are not accepted by the patient. Supplemental forced feeding is required. Fractional forced protein feeding, however administered, results in additional nitrogen losses in the urine, as the body is apparently unable to utilize for synthesis to tissue protein more than a certain amount of amino acids at a given time. We have on several occasions resumed fractional feeding, even though the total protein or amino acid content of the 24-hour intake by continuous feeding remained unchanged, and we have then observed weight loss and increased urinary nitrogen, both of which were reversed upon again resuming continuous feeding. We feel, therefore, that the hopelessness of attempting to meet the increased protein requirements following burns, surgery, or other trauma, as is so often expressed, is not justified. The good nutritional state, satisfactory skin grafting and shortened convalescence of burned patients under Dr. Blocker’s care must be at least partly attributed to continuous prolonged and constant tube feeding.

DR. JAMES D. HARDY, Memphis, Tenn.: The privilege of the floor is appreciated.

We have followed Dr. Blocker’s work closely and have used his tube feeding technic, which he has not mentioned because of time limitations, I am sure. Although the burn patient may gain as much as from ten to 15 pounds during the first few days of vigorous fluid therapy, at the end of one month his weight may have declined to from 15 to 20 pounds less than the admission weight. Adequate feeding of these individuals poses a real problem. We have used a polyethylene gastric tube which has an internal diameter of about 2 mm., in association with a feeding pump. By this technic we have been able to introduce daily several thousand calories of a whole protein formula, the highest intake being 6000 calories per day in one patient. Patients who are tube fed often improve in spirits, and thereafter eat of their own volition. Unfortunately, some patients are unable to tolerate any formula that we can devise, and one wonders whether this may not be due in part to an altered intestinal function following injury.

DR. TRUMAN G. BLOCKER, JR., Galveston, Texas (closing): I wish to thank Dr. Smith and Dr. Hardy for their discussion. I would like to say that forced feeding of burn patients we feel is extremely important, but even more so is meticulous and constant care. My former chief, Dr. Singleton, who was once president of this organization, used to say that success in treatment of burns is directly related to the amount of time the doctor spends with his patient, looking after both his psyche and his physical condition.