

raw it is necessary to fight the case on this line; attending to the night-sweats of course, but not attempting to give hæmatics or oil.

Then comes the matter of attention to all drains, such as diarrhœa. The phthisical are readily depressed by diarrhœa, and it should always be attended to energetically. Of course in the later stages, where the intestines are the seat of tuberculous ulceration, the diarrhœa is very intractable, requiring the free exhibition of bismuth and opium, and even of ipecacuanha, which seems to be of service in such cases. But in the early stages it will yield to a pill of sulphate of copper (half a grain) and extract of opium (one grain). Rice-water as a beverage is indicated where there is a tendency to diarrhœa, and beef-tea should be avoided. Beef-tea often sets up or keeps up a loose action of the bowels. Still more important is it to attend to all drains when the patient is a woman. The neglect of this matter is simply appalling. I have known a woman kept in our most famous hospital for six weeks for a trifling piece of mischief at the tip of one lung, and an attack of hæmoptysis of no great severity, while she was profusely unwell seven out of fourteen days; but it had never struck the physician to inquire into that form of hemorrhage. The woman was drained by menorrhagia and leucorrhœa, but these had never even been asked after. Another patient was some months in the Brompton Hospital for pleural thickening of the left apex, where a similar state of matters existed with ovarian congestion. It is needless to say that in neither case did any improvement result from the stay in hospital. Three years ago, when going over the National Hospital for Consumption at Ventnor, I asked as to how far any systematic inquiry was made into the drains of female patients, and found that no such inquiry was then practised. In ordinary hospitals no arrangements are made, or place provided where women may retire for the purpose of practising vaginal injections or the use of the bidet; to my mind a very reprehensible omission. In many menorrhagic women it is more successful practice to limit the loss of blood at the catamenial period than it is to build up the blood during the intermenstrual interval. As to leucorrhœa, it is a dead loss to the system from every point of view, especially mischievous in the phthisical.

As to diet. It must be nutritious, and easily assimilable. It should consist of meat-juice in any form, milk and farinaceous foods, and especially the different foods prepared for infants, which are mainly starch partially digested. If solid food can be taken well, very good, and a certain amount may be taken daily. Londoners seem to think that mutton is the food for all invalids, from the phthisical to the dyspeptic. Where there is a tendency to diarrhœa it is well to avoid beef-tea, and to resort to a milk dietary.

Where the digestive powers are low, meat-juice or raw meat pounded may be digested where starchy foods are not assimilated.

But my own opinion is that farinaceous foods are not so objectionable as some would make out, if proper care be taken to see that they are taken as they should be. Thus beef-tea, which alone is scarcely a food, becomes nutritious if biscuit-powder, fine oatmeal, or baked flour under any name, be added to it. This is better than thickening with isinglass, or gelatine. Then if there be diarrhœa, it is well to make rice-water and use it to dilute the preserved milk, instead of plain hot water. Attention to these trifles may constitute the turning-point of a case. Then milk puddings, stewed fruit and cream, especially where there is any tendency to constipation—or those cakes of oatmeal and treacle sold by Scotch bakers and confectioners, which are a very pleasant laxative food, may be eaten with advantage. It is well that the patient should sleep after the noontide meal; this aids digestion and cuts the weary day in two—no slight matter, especially when the days are long. Then when the digestive powers are feeble, and the patient cannot fast long, it is well to have a glass of milk through the night; or a glass of that excellent old-fashioned remedy, rum and milk, early in the morning; this breaks the fast, and often procures the patient some refreshing sleep ere getting-up time comes. With many, the glass of rum and milk enables them to relish the breakfast when it arrives, where otherwise the long fast would do away with all appetite. The breakfast should consist of coffee, or cocoa, with some good milk, an egg, or a little bacon; and the bread should be cut thin, and the butter rubbed well in. It is well to finish the breakfast with fruit, an omission in English practice that should not exist. A glass of milk, or a biscuit betwixt breakfast and lunch or early dinner, is indicated in some cases, where the patient cannot go long without food; but the too common practice of having a glass of wine at eleven o'clock has no vindication in most cases. Alcohol may be taken with food to aid the digestion, and a glass of sound wine or good malt liquor, at lunch and at supper, is often of service; but the constant sipping of alcohol is bad, and the port wine treatment of phthisis is unjustifiable, where it is not a hollow mockery and the wine a vile adulteration. A glass of really good port wine at meals suits some invalids better than any other sort of alcohol. Alcohol should be taken as an adjunct to other food—not as a substitute for it. Of course in the final stages alcohol is sometimes the only food that the patient can take; but it is a well-known fact they do not live long on it.

Such are the lines to be pursued in the treatment of early phthisis. Some intercurrent matters and side issues may now be briefly consider-