a time; so that the total excretion of urea amounted to many times the equivalent or the nitrogen contained in the article of diet which had been added. This is a very instructive and suggestive fact, and shows how considerable the chemical changes may be which slight causes can produce.

Diabetes mellitus affords another illustration of the same kind, for the ingestion of a small quantity of sugar or starchy food is followed by a very considerable increase in the amount of sugar eliminated, and this may last many days, and be altogether out of proportion to the actual amount taken, so that sugar acts upon a diabetic patient as an active poison.

In another disease of an entirely different character from typhoid fever, namely, rheumatic fever, I have similar observations upon the excretion of urea to show what profound effect is produced by slight alterations in diet. But rheumatic fever is of especial interest in relation to the question we are discussing, for it has been long accepted as a clinical fact that it is very easy to determine relapse by changes in diet. Rheumatic fever is no doubt a germ disease, just as typhoid fever is, and no doubt the true explanation of relapse is much the same in either case.

If this conclusion to which observation has led me be true, we have a sufficient explanation of relapses occurring in various diseases as well as in typhoid fever, as the result of comparatively slight disturbing causes, of which a change in diet may be one. In typhoid fever the physiological equilibrium is unstable. In all the metabolic processes the same instability is seen which is so obvious in the temperature. How easily this is upset by intestinal disturbance we have daily clinical experience.

If what I have said is true, it is change as change which does the mischief in typhoid fever, and not so much the alteration from one kind of diet to another, although it is quite clear that the more abrupt the alteration the more likely it is to produce these effects. This is, I believe, the essentiol fact in typhoid fever, and it so far influences my practice. In the febrile stage it is important first of all to find out a diet which suits the patient. Milk is the simplest diet, and fortunately it suits most people, but it does not suit all. If milk cannot be taken the diet must be modified, and this or that form tried until one is found which agrees with the patient. As soon as the suitable diet is found, it should be continued, and not changed without good reason. "Leave well alone" is an excellent maxim in medicine, and it is one of constant use in typhoid fever. If there are exceptional cases, or exceptional circumstances arise in any case, exceptional treatment may be necessary. So with the diet: if change is necessary, change must be made, but it should be made as it were under protest, and only when distinct necessity arises. Opinions differ greatly as to what is absolutely the best diet for typhoid patients. Some lay great stress upon the feeding, the giving of milk only, and the avoiding of beef tea. Others do not object to a combination of milk and beef tea or prepared foods. Some like eggs added to the milk, and so forth. To my mind it matters little so long as the diet is liquid, sufficient in quantity, and agrees with the patient, if it be not changed. If I come to a patient and find that patient upon a diet which suits him,