

well be called upon to supplement the knowledge of the physician, yet elaborate dishes of all kinds, high seasoning of all kinds, and, in plain English, messes of all kinds—even among our humbler patients, the “Irish stew”—are to be rigorously interdicted. Even soups should be as simple as possible. Eggs, when palatable, despite fears of “biliousness,” form a useful addition to the dietary. A raw egg may be sucked from the shell, and will thus often relieve an irritable condition of the pharynx. It may be beaten up with milk, or milk and whiskey. If the egg be cooked it may be poached or soft boiled. Omelette, scrambled eggs and fried eggs are, as a rule, to be avoided. Hard-boiled eggs are sometimes well digested, but in most instances are not. Fish, when relished, may form one of the auxiliary articles of diet. As to variety, the taste of the patient may be consulted. As to preparation, frying should be strictly prohibited. Broiling, boiling, and baking are permissible. Of shell fish, when the patient desires it, and there is no other objection, oysters and clams may be permitted. All others should be prohibited. Many phthisical patients, however, are unable to take even an oyster without considerable discomfort.

The green vegetables—lettuce, celery, spinach, water-cress, etc., are to be freely partaken of. The leguminous group, especially green peas, made into soup, boiled with milk or otherwise prepared, are of benefit. Starchy and farinaceous foods are, as a rule, to be avoided, though they need not in all cases be absolutely interdicted. They must, in any event, be subordinated to nitrogenous aliments, and the quantity taken be minimized. The especially indigestible and fermentable articles, such as potatoes and turnips, are best avoided altogether. Even the amount of bread consumed should be limited, and, if possible, that made from the whole wheat, or the gluten bread, or one of the similar preparations manufactured for diabetics, employed. Pastry and sweets are not to be thought of save to be rejected.

While the diet is thus to be largely nitrogenous, a sufficient proportion of carbo-hydrates must enter into it. Fats and oils, preferably from the animal kingdom, will supply this. Cream has already been mentioned. Butter should be freely used. “Butter and bread” is to replace “bread and butter” in the consumptive’s diet-list. Oil-dressings of salads, etc., are useful in the same connections. Cod-liver oil may be given, though it is doubtful whether the large quantities sometimes ordered are assimilated. A tablespoonful three times a day probably represents the extreme limit, and half that quantity may often suffice, in many cases, the patient will do just as well without any. When the pure oil can be taken, either floated on whiskey or in any other way preferred by the patient, it is best given in that form. Emulsions extemporized by the physician are in general better than the proprietary ones. Ether, say Hoffman’s anodyne, may be introduced into the

emulsion, or given separately immediately following the dose of oil, and will not only assist in its solution, but stimulate the pancreatic secretion which prepares it for absorption. The combination of pancreatic preparations with cod-liver oil is rational; that with pepsin is based upon ratiocination or experience that the writer cannot follow.

When sufficient fatty matters cannot be taken in any of the ways indicated, oleaginous inunctions may be resorted to. If the oil used for anointing has an unpleasant odor, one of the essential oils, such as oil of gaultheria, or oil of bergamot, may be employed to disguise it. Inunctions with lanolin may be doubly utilized as a means of introducing iodoform or other desired medicinal agents.

The frequency of meals is a point of much importance in the alimentation of phthisical patients. Rarely more than three hours, never more than four hours, except during sleep, should be allowed to elapse without the taking of food.

The American custom of three set meals daily need not be altered, but in the intervals between meals, and just before going to bed, some of the lighter aliments, milk, soup or broth, milk-punch or egg-nog, etc., should be taken, and as already stated, with the addition, if possible of Beef Peptonoids. When the Peptonoids powder is not palatable or not available for any reason, the Liquid Peptonoids may be substituted and in some cases, being entirely pre-digested, is preferable. In addition to the glass of punch, or of plain milk or cream, taken at bed time, a glass of milk or cream, with or without alcohol, or a glass of wine or spirits, sometimes advantageously reinforced by half an ounce of Liquid Peptonoids, should be at hand to be taken in case of waking during the night or early morning. Liquid Peptonoids with coca is a good preparation for this purpose; for coca, like strong coffee under similar circumstances, facilitates the return of sleep. When a sufficient quantity of food is not taken in the six times suggested, the frequency may be increased. While our object is distinctly “cramming,” it is not well to so overburden the digestive apparatus as to give rise to positive discomfort.

The duty of the physician, who feeds his cases of phthisis, is not finished when he has prescribed the diet, even in all its details; or when, in case of failure by natural methods, he has resorted to *gavage*, inunction or rectal feeding. He must prepare the stomach and intestines to welcome the nutritive materials furnished, and to prepare them for absorption. He must endeavor to remove obstacles to proper elaboration and assimilation and to stimulate and assist these functions, not forgetting the respiration, which in Arbuthnot’s expressive phrase, “is the second digestion,” or the circulation which is to cause the oxygen-carrying corpuscles and the nutrient lymph to penetrate into all the tissues. He must further watch, and if necessary assist the process of elimination, so that broken down,