

is well known that the horse extracts more nourishment from oats than man does from the meal, as his powers of digestion are greater. If, however, the oatmeal be thoroughly cooked, from eight to twelve hours, a much larger proportion is assimilated, as the oatmeal granules are broken up and prepared for digestion. It should be a standing rule that wheat and oat porridge should not be boiled for less than eight hours, and on cooling it will form a tender gelatinous mass. Barley porridge is an exception, and a short time (fifteen minutes) suffices to cook it sufficiently.

Much that is valuable in vegetables is lost by faulty cooking. Potatoes peeled before boiling are robbed of their potash salts, which lie just beneath the skin. During the process of boiling the potash passes out into the water, and is thrown away with it. Carrots lose their valuable iron in the same way if sliced, and beets are said to "bleed to death" when the skin is broken. In acute and serious diseases the alimentation is more directly under the physician's supervision, resulting in a more correct preparation of food. Certainly the greatest aid to the physician in the improvements in modern dietetics is the predigestion of food. Its value in both acute and chronic diseases, especially of the alimentary canal, is hardly to be estimated, and the methods of feeding infants have been completely reorganized by it. Not to enter upon a lengthy discussion of the methods of giving predigested foods, I will mention a few facts that are easily overlooked by the uninitiated attendant in regard to nutrient enemata. It is a good standing rule that all albuminous foods should be digested before given as enemata, for, experimentally, albumen is shown to be excreted by the kidneys unabsorbed when injected into the rectum undigested. The practice of giving nutrient enemata with a common Davidson syringe, with a rubber or metal nozzle, cannot be too strongly condemned. Irritation of the bowel, possibly haemorrhage, and imperfect absorption, are the result. A long pliable rubber tube should be used; a large velvet-eyed catheter does very well, and this should be passed well up the rectum to the sigmoid flexure. About eight inches of tubing should be passed up in the child, and about ten to twelve inches in the adult. There is a good anatomical and physiological reason for this, as fluids absorbed from the sigmoid flexure and upper part of the rectum are carried to the inferior mesenteric vein