

time I have had grave doubts as to the wisdom of this, it was not till last year that I finally abandoned milk as the exclusive diet in this disease. I now give very little, and that little always peptonized. My reasons for discarding this much used and abused article of diet were : 1st, That it is not a fluid diet and is not absorbed ; 2nd, That it affords very little nourishment, and often causes trouble. True, the watery portion is absorbed, but as soon as the milk reaches the stomach it becomes solid. The casein hardens and enters the bowels, becoming impacted and producing constipation, thus becoming the culture-ground for the bacilli and a source of reinfection. Of course this does not apply so much to predigested milk, still the casein is not absorbed, and the only portion of the milk of any use is the water. This being the case, why not give water and discard milk, particularly during the first week or two. Make your patient drink two or three quarts of pure water in the twenty-four hours ; give it as regularly as you would milk, but in larger quantities, and I venture to say it will afford almost as much nourishment, and the stomach, already congested, will not be burdened with this undigested matter, nor will we have the painful and distended abdomen so common in this disease. In addition to the water, albumen beaten up with sugar may be given from the first. There is more nourishment in sugar than is generally supposed. After the first two weeks, liquid peptonoids, or some of the numerous preparations of beef, jellies, mutton broth, or a soft-boiled egg may be administered. If this line of feeding is judiciously followed, the patient's strength will be kept up, his appetite gratified and his hunger appeased.

*Hygienic Treatment.*—Change the bedding and night-clothes daily. Keep the room thoroughly ventilated, admit fresh air and sunshine, and disinfect the surroundings. Sponge frequently with tepid water. I prefer this to ice-water, and never use very cold water either for sponging or in the bath, as it is distasteful to most patients and often causes shock and increases the danger of hemorrhage. Moreover, you get just as good results from tepid water, with none of the disadvantages. I rarely use the bath, as it is more troublesome than sponging, and necessitates the frequent moving of your patient, which is bad, as rest is very essential in the treatment of this fever. The quieter the patient is kept the more likely he is to make a good recovery. A plan that I adopted last year in the general hospital was to sponge the patient lightly and rapidly with tepid water, and then use an electric fan, turning the current of air directly on the patient, and regulating it as necessity required. When the fever is high, turn on the full force, and as the temperature drops decrease the force