

there is no curative food for fevers, it should be remembered that there is nothing so easily assimilated as water, and advantage must be taken of this fact to introduce other foods into the body with it, giving them, therefore, in fluid form. The former treatment of fevers by starvation and depletion, on the theory that the poison of the disease was soonest conquered by withholding all food and drink on which it might thrive, and starving out "a devouring flame of inflammation" has long been superseded by more scientific methods. It is now known that in fevers, by supplying the patient with abundant nitrogenous food, the tissues of the body are spared from consumption—in other words that the proteid matter of the food is burned up or oxidised instead of the proteid matter of the patient's muscles and other structures.

Fever patients commonly excrete much more nitrogen than they take in as foods. In doing so, it is believed that they first exhaust whatever reserve supply may be on hand in the food proteids previously absorbed and circulating in the blood, and subsequently draw upon the tissues, just as is the case in starvation. In chronic fevers with remissions, like tuberculosis, there is less rapid waste than in the continuous forms, such as typhoid.

Dr. W. Gilman Thompson lays down the following conditions as those to be met in the dietetic treatment of fever:

1. To save tissue waste by supplying sufficient nourishment.
2. To give semi-solid or fluid nourishment in a form which will not overtax the enfeebled digestive apparatus or leave a large residue for decomposition.
3. To give abundant fluid with the object of relieving thirst and to wash out through the kidneys the waste matter produced by the increased rate of metabolism.
4. In some cases to give alcohol as a food as well as a stimulant.

In all fevers presenting periods of remission it is desirable to give the greater part of the food while the temperature is lowest, so that it will be better digested and absorbed, for at this time the tissues appear to temporarily recover their assimilative power to some extent. In mild cases, with remissions, if the appetite holds out, it may do no harm to allow some little variety in the diet; but if the fever is brief and the appetite fails, it is unnecessary to force the patient to take food.

As a rule, in fevers which are protracted or severe, nourishment should be given in fluid form. To offer solid food in serious fevers is practically to place foreign bodies in the alimentary canal, which merely ferment and putrify, causing discomfort, with flatus, fetor and diarrhea. There are some exceptions to this, notably the fever of phthisis, some forms of protracted sepsis and ague.

Milk being the first and natural food of man, it would seem most appropriate that it should constitute the staple article of diet in fevers in which the digestive powers are temporarily greatly en-