

importance. By the frequent regular use of the scales we get the patients interested, and can by this practical measure help prove to them the great importance of proper diet in treatment.

Dr. Lawrason Brown,<sup>7</sup> of Saranac Lake, while giving a summary of the recent advances in the treatment of tuberculosis said regarding diet "Eat once for yourself, once for weight and then once for the bacteria." The scales, he said, were the best criteria of diet in a patient with no temperature or complications. The aim was to bring the patient slightly above his normal weight by gaining a pound per week. Then the diet was to be reduced to the lowest point of table comfort and not enough to cause any loss of weight. Milk should be dispensed with and then three meals given, with plenty of carbohydrates. Digestive disorders must be treated. "At the Toronto Free Hospital for Consumptives, some observations were recently made by Dr. W. J. Dobbie extending over four periods of six weeks each. These revealed the fact that the average gain per patient in six weeks increased from 2.9 pounds in the first period when there was no supervision of diet, to 3.8 pounds in the second period, when there was a more or less complete supervision of the general dieting. In the third and fourth periods, where there was in addition to a general supervision a careful consideration of individual needs, the average gain per patient for each period reached 4.46 pounds.

In reference to so called vegetarianism or the partaking of a flesh free diet, we have found by experiments that in healthy individuals normal nutrition and functions can be maintained without meat, and while we have no data of our own to substitute our views, we still feel convinced that tuberculous patients with good digestive functions should also do as well on such a diet. For cases farther advanced in the disease, with probable impaired appetites and digestion we would not advise such a procedure. The only advantages apparent in obtaining the protein required from a non-flesh source is the smaller cost, while against this we have disadvantages of greater bulk, the less appetizing nature of such a diet, together with the fact that absorption is slower and not so complete.

In conclusion I wish to state that we aim to direct our patients what to take and what to exclude, depending on the appetite to a great extent to secure sufficient amounts. Adhere closely to a well balanced varied diet, with food of the best quality, well cooked and given in proper proportions of food elements. Exclude fads, permit of no lunches between meals, no alcohol, eggs cooked, and at meals only, and give milk alone sparingly. See that meals are not too bulky and given at considerable intervals. Aim to keep patient slightly above normal weight and try not to greatly exceed this. Such general