that seen in tuberculosis, in which disease the appetite may be even large and yet the wasting continue. What is called a low diet, that is, a fluid diet, is not necessarily a starvation diet. It is often the patient that is low, not the diet, just as asthenic fever describes the patient and not the disease. If a typhoid patient requires more food it can be given him by increasing the quantity of the liquid diet, whatever it is which is being taken, without necessarily making any change in it, and still less putting the patient upon a solid diet.

Nor are the patient's desires necessarily a safe guide in this respect; so far as there is a mere feeling of hunger this can be easily dealt with by increasing the amount of fluid food he is already taking. So far as the desire is for different food, the propriety of yielding to it must be determined by other considerations, for the cravings in disease are sometimes after what is harmful and not after what is good.

After all, then, we come back to the question of fact: Is it, or is it not, a fact that there is a risk in changing the diet too soon?

The general opinion is that too early change in diet introduces a risk of relapse. This is a risk only, and not a certainty, of course, and how great a risk it is impossible to express in figures; but, as the dangers of relapse are so considerable, the general opinion is that this risk should not be run.

Against this opinion Dr. Barrs quotes 31 cases; but it is to be observed that out of these 31 cases 2 had relapses, that is, 6.2 per cent.

In typhoid fever statistics are notoriously unreliable. I dealt with this question some years ago, in a paper read before the Medical Society of London, and showed what utterly fallacious results can be drawn when the number of typhoid fever patients is small, and that even when the numbers are comparatively large, conclusions may be arrived at which are not borne out by bedside observations.

In questions of the kind we have now under consideration the general floating opinion of the profession is much more likely to be correct. The only doubt which might be thrown upon such an opinion would arise if the question at issue were one to which the attention of the profession at large had not been clearly directed, or upon which there had been a very strong tradition. In the present case neither of these objections hold, for typhoid fever is an extremely common disease, and one of which every practitioner, whether in hospital or family practice, has experience, and the practitioner is called upon in every individual case to decide this most important question of diet, and, above all things, he has to consider when and how he shall make any change in it. He could not avoid the question if he would, for it is sure to be forcibly brought before his notice, if not by the patient, at any rate by the patient's friends. If, then, the general experience has led to a strong opinion that the diet should not be changed until the eighth or tenth day after the fever is past, depend upon it it is an opinion that is worthy of respect. It should not be lightly set aside because it cannot be actually put into a statistical form, still less must it be upset by appeal to a small number of cases, or because the *rationale* of it is not obvious..

A priori considerations should not, as Dr. Barrs himself says, influence