Protein forms one-sixth of total food value and requires a much greater expenditure of energy in its digestion and utilization than does any other food principle. It is therefore necessary to make use of fats and carbohydrates as economizers of protein, so that the latter may be utilized entirely to repair tissue waste. As the kidney is the chief outlet of nitrogenized waste, it is obvious why unnecessary demands should not be made of it. If this is done intestional putrefaction occurs, thus exerting a harmful influence upon the functions and tissues of the body by bacterial toxines formed within the alimentary canal. These toxines have their effect upon the blood, and by lowering the resistance of the tissues prepare the soil in other parts, mainly the liver and kidney, for successful invasion. Bardswell and Chapman[8] found that "patients made much less satisfactory progress on the very large diets than on diets of considerably smaller nutritive value." They also observed that "any considerable increase in the protein in the diet produced a disproportionate excretion of nitrogen, an increase in the amount of imperfectly oxidized proteins in the urine, a decrease in the percentage of nitrogen absorbed, and an increase in the amount of aromatic sulphates excreted, indicating increased intestional putrefaction." Most tuberculous invalids, or at least those with whom we have had to deal, are thoroughly impressed with the erroneous idea that they must eat large amounts, and that milk and eggs are most essential if not dietetic specifics in the treatment and possible cure of the disease.

The greatest surprise is expressed by many patients entering an institution when they find that this is not the case. Some feel annoyed to think that we are so penurious as not to supply these special items of diet *ad lib*, and often offer to buy them for themselves. Preconceptions of this kind die hard and form prejudices which are with difficulty overcome by those in sanatorium practice.

Not only is the quality and quantity of food important, but the manner of its ingestion requires careful regulation if the best results are to be obtained. Rest before and after meals should be insisted upon. Food should be eaten slowly and well masticated, by so doing we at once reduce the quantity of food ingested and at the same time maintain the normal intake of protein. We make it a rule in the Muskoka Free Hospital that patients shall take twenty-five minutes in which to partake of their meals. The dining-room is under the supervision of a nurse or steward, and a bell is rung when this time has elapsed. No patient is allowed to leave the table before this allotted time.

Contentment, congenial company and freedom from worry are also important factors in promoting digestion. It is often difficult to get patients to pay sufficient attention to details, and to realize their