

lids, I would suggest that we should consider chiefly the foods most suitable to be given in acute febrile diseases; for if we allow ourselves to wander into the question of the dietetics of chronic disease, including such questions as the diet most appropriate in diabetes, albuminuria, uræmia, phthisis, scrofula, anæmia, diseases of the digestive organs, of the heart, etc., we shall be overwhelmed with the magnitude of our subject.

FOOD IN ACUTE DISEASE.

We all remember the remarkable words of the late Dr. Graves, of Dublin: "Lest when I am gone you may be at a loss for an epitaph for me, let me give you one in three words, 'He fed fevers.'" Since the time when these pregnant words were uttered there has been little inclination displayed by physicians in this country to go back to the starving methods of some of Graves's distinguished predecessors or contemporaries. Yet it can hardly be doubted that the conclusion arrived at by some of the older physicians, that the free administration of food in fever occasionally intensified the febrile process, rested on some basis of practical observation; and we do not, in the present day, altogether lack occasions of observing that the indiscreet administration of food in acute diseases, food unsuitable either in quality or quantity, is distinctly injurious.

No one can be more willing than I am to recognize the necessity and importance of administering a sufficiency of food to febrile patients, especially with the object of lessening or compensating for that tendency to destruction of tissue, which is one of the most serious consequences of fever; but I am at the same time convinced that, especially in large public institutions where patients are nursed *en bloc*, the free administration of food and alcoholic stimulants is far too much a matter of routine, and sometimes partakes more of predetermination than discrimination. I have seen a nurse, a competent but very firm lady nurse, stand with teeth set and lower jaw advanced, and every firm outline of her muscular frame breathing forth unyielding determination, over a fever patient, and forcibly thrusting down his throat, an easy conqueror in this unequal struggle, the detested hourly "feed" of black beef-tea, mixed with cheap port wine (for what public institution ever uses anything but cheap port?). The poor fevered lips and parched tongue are craving all the time for "a cup of cold water," which is denied them, either because the patient is not sufficiently conscious of his wants to ask for it, or because "the doctor has not ordered it."

I would plead, then, for more discrimination and less of routine in the feeding of fever patients. and I would suggest for consideration the fact that food undigested only serves to intensify the febrile process and adds to the distress of the pa-

tient, and that in administering condensed solutions of nitrogenous extractives we may incur the danger of adding to the already large accumulation of nitrogenous waste in the blood. I would also put this question to the medical officers of hospitals: Are you satisfied that those cheap and common qualities of wines and spirits, almost universally used in such institutions, a single glass of which many of us here in sound health would wisely fear to take, are you satisfied that they do not also injuriously affect the fever patient, who, moreover may have been entirely unhabituated before the attack to the use of such beverages?

We feed fevers and we are undoubtedly right in so doing. Bauer and Künstle appear to have established, by careful observations on the diet of typhoid patients, the fact that a due "supply of albuminous food to a fever patient" effects a saving of albumen in the body, "for though the excretion of nitrogen is increased, the loss of the same element from the system is reduced." But do we not sometimes overfeed fevers, and use less discrimination than is desirable in the kinds of food we administer?

It has appeared to me that we may formulate two chief rules which should guide us in the feeding of cases of acute disease: 1. Endeavor to utilize food to the greatest extent that is safe and possible for the purpose of checking the waste of tissue which is associated with the febrile process. 2. Be careful to administer no food that cannot be readily absorbed and assimilated. Do not overlook the fact that the functions of the digestive organs are gravely impaired during fever, and, therefore, if we give food which the patient is unable to assimilate, this undigested food will decompose in the stomach and intestines, and cause much local irritation and augment the pyrexial movement.

I have been accustomed to teach, and I submit that teaching to your criticism, that in acute and short typical and febrile attacks, such, for instance, as one of acute croupous pneumonia of average severity and running an average course, we should not manifest any anxiety as to the taking of much food, unless in the aged and feeble, for by forcing the consumption of a considerable quantity of food in such cases, in the absence of all appetite, and with obvious febrile derangement of the digestive organs, we do more harm than good.

There is a general consent amongst all authorities that, owing to the interruption of normal gastric digestion in fever, all food should be given in the fluid form, that is, in a form that can be readily and immediately absorbed, that it should be given in small quantities and at short intervals. The two kinds of fluid food most commonly used in cases of acute disease are, first, milk, and, secondly beef-tea, and under the latter denomination I would be asked to be allowed to include all fluid