cal patients: 1. Every phthisical patient should take food not less than six times in the twenty-four hours. The three full meals may be at intervals of six hours, with light lunches between. 2. No more food should be taken at any one time than can be digested easily and fully in the time allowed. 3. Food should never be taken when the patient is suffering from bodily fatigue, mental worry, or nervous excitement For this reason mid-day naps should be taken before, not after, eating. Twenty to thirty minutes' rest in the recumbent posture, even if sleep is not obtained, will often prove of more value as an adjuvant to digestion than pharmaceutical preparations. 4. So far as possible each meal should consist of such articles as require about the same time for digestion, or, better still, of a single article. 5. Within reasonable limits the articles of any one meal should be such as are digested in either the stomach or intestine alone, *i.e.*, the fats, starches, and sugars should not be mixed with the albuminoids, and the meals should alternate in this respect. 6. In the earlier stages the amount of fluid taken with the meals should be small, and later the use of some solid food is to be continued as long as possible. 7. When the presence of food in the stomach excites cough, or when paroxysms of coughing have induced vomiting, the ingestion of food must be delayed until the cough ceases, or an appropriate sedative may be employed. In those extreme cases where every attempt at eating excites nausea, vomiting, and spasmodic cough, excellent results are attained by artificial feeding through the soft-rubber stomach-tube. 8. So long as the strength will permit assimilation and excretion must be stimulated by systematic exercise, and when this is no longer possible the nutritive processes may be materially assisted by passive exercise at regular intervals. The following may serve as a sample menu for a day in the earlier stage. The meat soup is made by digesting finely chopped beef (1 lb.) in water (O j.) and hydrochloric acid (m 5) and straining through cheese-cloth. Menu: On waking, one-half pint equal parts hot milk and Vichy, taken at intervals through half an hour. 8 A.M., Oat-meal with abundance of cream, little sugar; rare steak or loin chops with fat, cream potatoes; soft-boiled eggs, cream toast; small cup of coffee, two glasses of milk. 9 A.M., Half-ounce cod-liver oil, or one ounce peptonized cod-liver oil and milk. 10 A.M., Half-pint raw meat soup; thin slice stale bread. 11-12, Sleep. 12.30 P.M., Some white fish; very little rice; broiled or stewed chicken; cauliflower; stale bread and plenty of butter; baked apples and cream; milk, komyss, or Matzoon, 2 glasses. 2 P.M., Half-ounce cod-liver oil, or one ounce peptonized cod-liver oil and milk. 4 P.M., Bottle kumyss, or Matzoon; raw scraped beef-sandwich. 5.30-6 P.M., Rest or sleep. 6 P.M., Some thick meat or fish soup; rare roast beef or mutton; spinach; slice stale bread; custard pudding; ice-cream. 8 P.M., Half-ounce cod-liver oil, or one ounce peptonized cod-liver oil and milk. 9-10 P.M., Pint iced milk; cup meat soup. 1-2 A.M., Glass milk, if awake.

Professional Responsibilities.—One of the most difficult part of a physician's duties, and one which demands all the tact and judgment he can bring to bear, consists in determining the course to pursue when certain diagnoses have been arrived at. A woman who believes herself to be suffering from some trifling and passing ailment, is shown to be the subject of carcinoma; a patient with a supposed simple sore on his lip has epithelioma; or a person apparently in good health is found, on examination, to be the possessor of some form of cardiac disease, not only unsuspected, but, it may be unfelt. The physicians of "chest-hospitals" know as well as any the difficulty of deciding whether to reveal the true nature of the case, or to leave the patient in a state of ignorance, which, after all, is comparative bliss.

Of course, the plan adopted is modified according to circumstances. Affections such as epithelioma, where surgical intervention is imperative, are naturally explained without reticence; for the more fully the patient understands his position, the more disposed will he be to acquiesce in the necessary remedial measures. The real difficulty lies in those cases, such as cancer or heart-disease, where little or nothing may be practicable for their relief, but where a fatal termination is either inevitable or to be feared.

In the discussion at the Brighton meeting on the duration of life with heart-disease, Dr. Bristowe made some very excellent and apposite observations on this subject. "It is," he said, "quite early enough, in my opinion, for a man to know that he has heart disease when he begins to feel the effects of it;" and with this sententious remark most practitioners will agree. Incalculable harm has often been done by the abrupt announcement that a patient has cancer, or that another has heart-disease; and the evil is aggravated by the fact that, as in all other human affairs, the diagnosis may be wrong, or the prognosis may not be realized. Sir Andrew Clark told a very amusing but instructive anecdote of his having been called to see a gentleman suffering from bronchitis, who, fifty years before, had been precipitately superannuated on full salary, on the announcement by the medical officer to an insurance company that he was the victim of an incurable form of heart disease, and would probably not live more than six months.

Dr. Bristowe, in expressing the belief, backed by the hope, of his own freedom from "murmurs," sturdily declared that nothing short of acute and pressing circumstances would induce him to give