

Most important are correct notions as to the transition from the diet of one actually ill from typhoid fever to that suitable to convalescence. With a view to simplicity in instruction to nurses and young physicians, I lay down quite an arbitrary rule, of which it may be said that if it errs, it errs on the safe side. This rule is to adhere to liquid food in the shape of milk or broths, beef juice or albumen water, until the temperature has been normal one week. Then I allow a single soft boiled egg. If nothing happens in twenty-four hours after this, I allow an egg daily. If after two or three days everything goes well, I permit a small dish of very soft milk toast, tentatively at first, as with egg. If all continues well, a small quantity of well-boiled rice or of strained, well-cooked oatmeal, is added. Next a small piece of steak may be chewed, or, if in season, two or three small raw oysters. Thus each article of food is added, one after another, until a reasonable mixed diet is taken. Chicken is one of the last foods allowed. Even earlier than at the end of a week of normal temperature a raw egg may be given, mixed with milk and perhaps a little sherry or whisky to flavor it, if the patient complains of being hungry, or it is thought he is not being sufficiently nourished.

I do not deny that there are articles of food which may be given with safety, but there are very few of these not already mentioned which I feel quite comfortable to use, and as I believe that they are not necessary and the patient can get along very well without them, I do not think it right to take the risk, except for some extraordinary reasons. Under such circumstances I reserve the right to make such changes as common sense dictates. I am sure I have seen fever arise after the allowing of soft boiled eggs, for example, at a date earlier than that named.

I have said nothing in the foregoing as to the convenience of the milk diet. Convenience should certainly be made secondary to efficiency, and no sacrifice of the latter to the former is justified. Yet no one can question the great help afforded in most cases by having at hand a food ready prepared such as milk, while there are circumstances in which the preparation of other foods become an impossibility. When this is the case it is a great satisfaction to know that the food which requires no preparation, or, at most, heating or dilluting, is the best for our patient.—*Univ. Med. Mag.*

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