

game, oysters, and cheese. All green vegetables are permitted except beets, carrots, and beans. Fatty foods are recommended, such as sardines in oil, herring, lard, goose-grease, ham-fat and caviar. All soups are permitted when made of meats in combination with cabbage, poached eggs and onions. Put no bread or toast in the soup. Only dietic breads are to be used, and saccharine in place of sugar. All starch foods are strictly forbidden, as sweet fruits, pastries, and chocolates. Patients may drink claret wine diluted with Vichy, but no poor wines, liquors or spirits. Daily exercise morning and evening in open air; fencing and gardening and other light exercise.—*Med. Mirror.*

FEEDING IN FEVERS.—Milk seems to be generally regarded as a fluid, and a very harmless looking fluid it certainly is when it is put into the stomach; but if it is to be digested and assimilated at all, it is very soon transformed into a bulky solid after it reaches the stomach. There are many patients to whom milk in any form is repugnant, and to some of these it is exceedingly difficult of digestion. It has been my practice for many years, in all kinds of illness, but especially in the presence of fever, to pay regard to the appetite and desire of the patient. If a patient is really hungry, solid food of a properly selected kind and in judicious quantity will rarely disagree with him. With hospital patients it is not always easy to ascertain whether they are really hungry. Many will profess hunger without being hungry because they suppose that they will recover more quickly if they eat freely. To them, of course, other solid food than milk should not be given, but if they are genuinely hungry, I believe it is safe to presume that the stomach is prepared again to resume its function, that gastric juice is again secreted, and that properly selected albuminous food in judicious quantity will be digested if you give it.

We are accustomed, I think, to have too great a dread of doing harm at the site of lesion in the ileum in typhoid fever by giving solid food. If I am correct in my opinion as to the inference to be drawn from hunger in a fever patient, there is even less likelihood of causing damage to an ulcerated ileum by giving finely divided egg, or beef or chop, to such a patient than by giving him milk; and my experience seems to justify the inference. It has been my practice for years to allow albuminous foods of these descriptions to such patients, even before the fever leaves them, under these conditions. I have at present under treatment several patients with typhoid fever whose temperature reaches 101°, 102°, and 103° F., daily, who are hungry, and who are receiving such solid food once a day. So far as I am aware, I do not have a large percentage of relapses or hæmor-

rhages, or other serious complications, or accidents in my practice than I did before I adopted this plan, or than my colleagues do who have not yet adopted it.

Even tea and coffee and beer are not allowed by many doctors; in my hands they have been very useful when given to those who have been accustomed to them in health and desire them in fevers. Well-cooked oatmeal is another very nutritious food that I allow under the same conditions as meat.

When the appetite fails, in consequence of the presence of fever, meat becomes more repugnant than any other food as a rule. Then it would be most injudicious to force it upon a patient; but the returning appetite, the awakening desire for meat, I believe to be nearly always an indication that the stomach is prepared to take care of it. That much is gained by maintaining the nutrition of fever patients needs not to be mentioned to the members of this Society. Of course, the necessity of giving an abundance of water is not to be lost sight of.

What I have said of feeding typhoid fever patients is equally true in other forms of fever. It is, in my judgment, a mistake to withhold solid food merely because a patient has fever, and it is incorrect to regard milk as a fluid food, as our knowledge of the physiology of digestion teaches us. Our knowledge of the form in which milk often appears in the feces emphasizes this latter fact. Milk will always remain the most serviceable general food in disease, and especially in fever, largely because it is swallowed with much less effort than attends the taking of other foods; because it is the cheapest of the foods; because it requires little or no preparation, and because it is so commonly well borne. But where it fails to nourish the patient, where it is not well borne, where it cannot be taken, for any reason, it is well to remember that efficient adjuncts and substitutes are within reach.—Dr. Geo. L. Peabody, *N. Y. Med. Record.*

HYDRASTININ FOR UTERINE HÆMORRHAGE.—Gottschalk, *Therapeutische Monatshefte*, has already written of the use of this drug for uterine hæmorrhage, but now after more extended use speaks more confidently in its praise. Sometimes he uses it by subcutaneous injection and sometimes internally. More than $\frac{1}{2}$ of a grain three times a day should not be given.

Of course, it is not to be supposed that we possess in hydrastinin a sovereign remedy for all possible forms of uterine hæmorrhage; only in certain kinds of menorrhagia and metrorrhagia can one be confident of success, and then it is chiefly palliative. The hydrastinin is not calculated to stop immediately a profuse uterine hæmorrhage. This is explained by its physiological pro-