

and so on; the end-products of nitrogenous metabolism are considered to be the most important irritants; meats, eggs, fruits of some kinds, and so on, contain one or the other; water, milk and sugars are almost the only things left to us; the carbohydrates, flour, meals, etc., do not contain much, but some; a milk gruel contains much more than does milk. Therefore, for my part, I keep to the ones of which I am sure; it may perfectly well be conceded that the risk in a slight case is almost nil, but it is the exceptional case of nephritis one is most anxious to prevent. The hardship to the patient is but slight, and it is no exaggeration to say that our youngsters on discharge are generally very fat. You have all probably at some time or other, echoed the remark, that "we all eat too much"; for once, be brave enough to put the cure into practice. If the reasons appear good to you, practice the method; if not, leave it alone. For my own part, at present, I fully believe in it, and without making any claim as to the results, there is in them nothing to make me desirous of change. The end of the second week is the time at which nephritis most often makes its appearance; it seems to me highly reasonable that at this time, more or less critical, the patient's chances are greatly bettered if he be in bed. During convalescence, too, as the patient's time is not valuable, we are hard-hearted enough to put them back to bed upon any alarm, a rise of temperature, or a threatening complication.

These two, *i.e.*, rest and milk diet, are the main points in our treatment. Cold applications are usually made to the neck in anginose and glandular inflammations of any severity; local applications of antiseptics to the throat internally and washings of the nasopharynx with Dobell's solution are used when the patients are sufficiently old or sufficiently tractable. The patients are encouraged to drink water as often and in as great quantity as they will, and it is with difficulty that this is carried out to a sufficient degree to be satisfactory to myself. Do not be misled by von Noorden's very sensible teachings with regard to water-restriction; the competent kidney fairly revels in water. With the onset of nephritic anuria we are dealing with a condition of affairs widely different.

For fever, and for the patient's comfort, sponges are in most frequent use and packs, cold or tepid. The observation that cold bathing tends to cause albuminuria in the healthy, and to increase it in the albuminuric, need not be taken into consideration. Nor am I accustomed to measure the good effects of sponges or packs by the effect upon the temperature; in fact, I regard the taking of temperature for the purpose of seeing the effect of a bath or a pack as a waste of time. Perhaps it comforts the nurse, but she has generally other distractions.