that should be taken into consideration. In cases of true acute nephritis associated with considerable suppression of the urine, and in which the eliminating functions of the kidney are most seriously compromised, the diet should be reduced to the greatest extent possible, and in some cases of very acute nephritis it may be advisable to withhold all food for a few days. In most cases such starvation treatment is not necessary, but it is still essential to give as little food as possible, and it may be as well to restrict this to one or one and a half pints of milk, moderately diluted, in the twenty-four hours.

All meat extracts and soups should be avoided throughout the illness, as their nutritive value is low, and they contain numerous extractives and salts which can only act as irritants to the kidney. The amount of fluid given to these patients should also be strictly limited, especially if there is any tendency to dropsy or to the development of hydremic plethora, and the use of dilutents as diuretics should be restricted to the later stage of the malady, where, no doubt, much good may be derived by the administration of moderate quantities of fluid in order to promote the removal of debris from the renal tubules. In chronic renal disease, if complications such as uremia and dropsy are present, the dietetic treatment must be somewhat similar to that applicable to cases of acute nephritis, but owing to the long-continued character of the disease, restrictions cannot be carried to the same length as those suitable to the treatment of the acute malady. In chronic renal disease associated with dropsy, and particularly with increasing dropsy, a milk diet is also advisable, but in very chronic cases, in which the dropsy is moderate in amount and persistent for weeks or for months, a pure milk diet for prolonged periods. Such patients may be put on a milk diet of some three pints per diem, and if improvement sets in such a diet may be continued for three weeks, but it is probable that no useful purpose is served by maintaining such a diet for months, and a more solid diet with a minimum of common salt may often produce more beneficial results.

The improvement under a milk diet in chronic renal disease is often more spurious than real, the quantity of urine is seen to be increased, and the albuminuria to be apparently diminished; these are looked on as signs of improvement, when really all that has happened is that the diuretic action of the milk has led to an increase in the flow of urine, and thus the loss of albumin, although really the same, has undergone a percentage reduction. Attention should never be directed solely to the state of the urine, the general appearance of the patient and the body weight should be carefully observed. An increase