

buoyant and even blatant a conceit. If cold unduly depresses the self-love of the modest man who retires before it into his inmost citadel, it certainly unduly lifts up the horn of the man who successfully defies it. And on the whole, we doubt if in either direction cold can be said to improve the character of the Saxon race.—*London Spectator*.

COOKING FOR THE SICK.

We have heard a great deal of late about the need of better cooking for the poor. It has been shown that improved results, as regards the quality of food, can be obtained with greater economy by new processes. The value of these suggestions cannot be exaggerated. Meanwhile the needs of the sick and convalescent ought not to be overlooked; they are urgent and special. Nothing so much conduces to the successful treatment of patients in all stages of a malady as good nursing, and cooking plays a prominent part in the *régime*. Notwithstanding this circumstance, which must be universally recognised, it is the exception to find a cook who can serve up a basin of gruel or arrowroot, a cup of beef-tea or broth, or any simple beverage suited to the sick chamber, in a fashion likely to tempt the failing, whimsical appetite, and honor the digestive powers of an invalid. So apparently simple a culinary process as beating up a new-laid egg in a cup of warm milk or tea without curdling it, is a feat which can rarely be accomplished. Every practitioner who has looked into these matters carefully must have felt the need of a system of special cookery for the sick. If some one would devote sufficient attention to the subject to produce a clear, explicit, and yet concise manual of cookery for invalids, with intelligible recipes and directions, the gain to patients and medical practitioners would be considerable, and the appearance of such a brochure would be hailed with pleasure and attended with success. At-