

tute the principal drink, in quantities of from two to four quarts per day. Other articles are to be taken sparingly, simply to avoid monotony. Each meal is to be supplemented by a generous allowance of cod liver oil ($\frac{3}{4}$ ss $\frac{3}{4}$ ii). The phosphates so valuable to this class of patients can be supplied in sufficient quantity only by special preparations. For patients over forty, meats should be lean rather than fat, and be taken in large amount. Two to three pounds of beef, three to four quarts of milk, and three or four eggs may be given to such patients in twenty-four hours.

In the second stages, changes are required in the methods of preparing the food rather than of the articles employed. All the food must be given in fine division and prepared in the most palatable manner. Beef may be scraped or chopped with a dull knife, only the fine which adheres to the blade being used, and eaten raw, or lightly or quickly cooked, the essential points being the removal of all coarse fibre, and rendering it palatable to the patient. Milk may be taken raw, boiled, cooked in custard, curdled or shaken with cracked ice and a little salt. Eggs are best taken raw or soft boiled. Kumyss may in part take the place of milk, and the various peptonoids of beef, milk, etc., will relieve the enfeebled digestive organs as well as afford valuable nutrition. Cod liver oil will require emulsification, and fresh emulsions are to be preferred to the stock preparations. Practically I have found an emulsion of oil, pepsin and quinine available, when others caused indigestion and offensive eructations.

In the third stage when only prolongation of life can be expected, the forced diet of the earlier stages must be abandoned. When a hearty meal causes cough and vomiting with consequent exhaustion better results will be obtained with smaller quantities of food. In such cases the food must be reduced in quantity, given more frequently, and should consist largely of artificially digested preparations.

It is quite customary to delay the use of the digestive ferments until the later stages of the disease, but since it is in the first stage almost solely that we effect a cure, it seems the wiser course to concentrate all our forces upon the disease at this time.

When we wish to crowd the nutrition, twenty to thirty grains of pepsin, with fifteen to twenty minims of Acid Hcl. directly after eating, and ten to fifteen grains of pancreatine one hour after taking food, will enable a patient to digest an amount of food, which otherwise would produce an acute dyspepsia. When the digestion of starches is at fault or requires assistance, the diastase alone may be given with or after the meal. In the second and third stages artificial digestion becomes a necessity.

Some of the most important rules which govern the dietetics of phthisis may be formulated as follows:

1. Every phthisical patient should take food not less than six times in twenty-four hours. The three full meals may be at intervals of six hours, with light lunches between.

2. No more food should be taken at any one time than can be digested easily and fully in the time allowed.

3. Food should never be taken when the patient is suffering from bodily fatigue, mental worry, or nervous excitement. For this reason mid-day naps should be taken before, not after, eating. Twenty to thirty minutes' rest in the recumbent posture, even if sleep is not obtained, will often prove of more value as an adjuvant to digestion than pharmaceutical preparations.

4. So far as possible each meal should consist of such articles as require about the same time for digestion, or, better still, of a single article.

5. Within reasonable limits the articles of any one meal should be such as are digested in either the stomach or intestine alone, *i. e.*, the fats, starches and sugars should not be mixed with the albuminoids, and the meals should alternate in this respect.

6. In the earlier stages the amount of fluid taken with the meals should be small, and later the use of some solid food is to be continued as long as possible.

7. When the pressure of food in the stomach excites cough, or when paroxysms of coughing have induced vomiting, the ingestion of food must be delayed until the cough ceases, or an appropriate sedative may be employed. In those extreme cases where every attempt at eating excited nausea, vomiting and spasmodic cough, excellent results are attained by artificial feeding through the soft rubber stomach tube.

8. So long as the strength will permit assimilation, and excretion be stimulated by systematic exercise, and when this is no longer possible the nutritive processes may be materially assisted by passive exercise at regular intervals.

The following may serve as a sample menu for a day in the earlier stage. The meat soup is made by digesting finely chopped beef (1 lb) in water (Oj) and hydrochloric acid (5m), and straining through cheese cloth.

MENU.

On waking.—One-half pint equal parts hot milk and vichy, taken at intervals through half an hour.

8 a.m.—Oat meal with abundance of cream, little sugar; rare steak or loin chops with fat, cream potatoes; soft boiled eggs, cream toast; small cup of coffee, two glasses of milk.

9 a.m.—Half ounce cod liver oil, or one ounce peptonised cod liver oil, and milk.

10 a.m.—Half pint raw meat soup; thin slice stale bread.

11-12.—Sleep.