before and during meals, and that our patients are not annoyed by odours arising from the kitchen.

It should not be necessary at this stage of our lectures to remind you of the great importance of the little niceties of serving food, such as clean utensils, shining glass, hot plates and dishes, and covers for plates when meals have to be taken from one room to another. A lack of daintiness in these particulars may cause rejection of that which might otherwise have been enjoyed.

The majority of patients who come to us are below what they consider to be their normal weight, and you can easily understand that a continuance of this loss will mean an increased enfeeblement of constitution and lack of resisting power to the disease. The reverse does not necessarily always hold good; it is quite possible to get a well-nourished frame in which the disease is actively progressing, but the patient's chances of recovery are manifestly increased if the wasting can be arrested. The best authorities do not aim at producing abnormally heavy weights; a great addition of adipose tissue is not desirable, involving, as it does, increased work for the already overtaxed heart and lungs.

The physician's aim, therefore, is first to increase the patient's weight to about half a stone above what it should normally scale (so as to give him a reserve, as it were), and then to keep it stationary by a proper adjustment of diet, rest, and exercise.

Over-feeding is as undesirable as under-feeding; dyspepsia and vomiting are the only results in the long run. Both have to be treated by a reduction of diet, and any superfluous weight is then so quickly lost that it cannot be taken into account in the patient's balance of loss and gain.

We now come to the consideration of what constitutes a proper diet.

Dr. Bardswell, in an interesting paper read at the London Congress on Tuberculosis in 1901, described how, after many experiments, he and his colleagues worked out a dietary upon which patients did "excellently well in every respect," and we may quote it as a standard from which to work :—

Three meals per diem were given, made up of: meat, 7 oz.; bacon, 2 oz.; egg, 1; milk, 3 pints; butter, 3 oz.; bread, 7 oz.; sugar, 1 oz.; pudding, 5 oz.; vegetables, 6 oz.

Compare this with the following list, which I quote from a popular handbook on the Nordach system as adapted to English life (not, I should think, to an English stomach !). The mere enumeration almost takes one's breath away :—

Porridge, ½ pint; sugar, 2 oz., in addition to that taken in tea, &c.; bacon; eggs, 4; bread, 14 oz.; butter, 8 oz.; meat, 4 oz.; fish, 3 oz.; potatoes and other vegetables, 8 oz.; pudding, 6 oz.; cheese, 2 oz.; jam and marmalade; milk, 3 pints; ale, ½ pint; tea or coffee, 1 pint.

Some of the details given are absurd; thus at the one o'clock meal ½ pint of ale is given *in addition* to a pint of milk !

In real life no two patients are alike, and here we see the mistake of laying down a hard-and-fast table of weights and measures and expecting every man to conform to it. A feverish patient will naturally consume more milk than one with a normal temperature, and the condition of the weather markedly affects the appetite of many; thus during very cold weather patients will eat far more than when it is fairly warm, but without showing any great increase of weight.

The diet table of this institution has recently been revised with a view to obtaining the maximum amount of nourishment with as little strain on the digestive organs as possible.

Great care has been taken to give variety; formerly we had a table showing exactly what dishes appeared upon each day of the week, but the routine was too monotonous, and there has been a marked increase of appetite since patients have felt a pleasing sense of uncertainty as to the exact constituents of dinner.

We do not weigh our patients' food, as it is likely to grow cold, and therefore unappetising, during the process; besides, they are much more inclined to eat good meals and enjoy them if they are given a fair-sized helping and encouraged to eat a second supply, than if a heaped-up plate is set down in front of them.

I subjoin a copy of our dietary. In our next lecture we shall have a few more words to say upon this subject :—

DIET TABLE.—NATIONAL SANATORIUM FOR CONSUMPTION, BOURNEMOUTH.

The following table shows the hours at which meals are served, and the various items of which they are composed :—

HOURS.	DIET.
7.30 A.M.	½ pint hot milk.
Breakfast, 8.30 A.M.	Tea, cocoa, hot milk, porridge, bread and butter, and one of the following dishes : Sausages, fried bacon, ham, cold boiled bacon, eggs, cold meat, kippers, bloaters. stewed kidney.
10.30 A.M.	½ pint to 1 pint hot milk.
Dinner, 12.30 P.M.	Roast and boiled joints of beef and mutton, stews and curries of fresh meat, beefsteak puddings, rabbits, boiled and fried fish. Potatoes. Other vegetables in addition three times a week according to season. Rice, sago, tapioca, macaroni, suet, currant, ginger, fruit, treacle, and plum puddings, jam rolls, fruit and jam tarts.

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