prolongs the morbid condition. The cases of this kind may be grouped into two classes; those in whom the casein is the offending material; those who cannot properly digest the cream or butter. We find examples of the first class among children, but they are by no means uncommon in adults. They are detected the more readily in early life, because the curds are rejected by vomiting, or appear undigested in the stools. Adults unable to digest casein, or who digest it slowly or painfully, have epigastric distress, heaviness and oppression for several hours after meals, stupor and disinclination for exertion coming on after an hour or two, and continuing until the offending material has passed well down the intestines.

An excellent substitute for the milk when the casein disagrees is barley water with cream. The barley water should be carefully strained and have the density of good skimmed milk, and one-sixth or one-fourth cream added, so that the mixture has the consistency of rich milk.

The class of subjects to whom milk is unadapted are the cases of duodenal, hepatic and pancreatic diseases, because of the deficiency in the secretions necessary to the process of emulsionizing fats, and preparing them for entrance into the lymph vessels. Fats decomposing form very irritating fat acids,, and the change in the reaction of the intestinal juices is the cause of various secondary troubles in the biliary function and elsewhere. To fit milk for use under such circumstances, it must be skimmed, and about the time the stomach digestion is completed, aids to the intestinal digestion should be administered. Such aids are a soda alkali and, it may be, some pancreative solution to effect complete digestion of the fatty constituents.

The mere bulk of the milk is an objection to its use in certain diseases. In dilatation of the stomach, the space occupied by the necessary quantity perpetuates the disease. The reflex effects of distention of the stomach in cases of weak heart and in angina pectoris, may not only cause distressing symptoms, but may even prove fatal. It cannot be too strongly stated that milk is a highly objectional aliment in heart disease, whenever the motor apparatus of the organ is diseased, and whenever its movements are readily influenced by morbid states of the stomach through the reflex channels.

In no malady, as I conceive, is milk more abused than in acute rheumatism. It is very often then the chief—sometimes the only—aliment employed during the whole course of this disease. Besides the objection inherent in its mere bulk, certain theoretical considerations of its nature should have considerable weight in deciding the question of use. The very obvious objection that milk furnishes lactic acid as a product of its fermentation should not be ignored. All the world knows the intimate relation between lactic acid and the rheumatic poison. By the introduction of lactic acid, a form of endocarditis, not distinguishable form the rheumatic, is set up, and of those diabetics treated by lactic acid, a considerable proportion suffered from attacks of rheumatic fever (acute rheumatism). It is difficult, of course, to determine this point with certainty, but I have reason to believe that patients with rheumatic fever do not get well so quickly, and are much more apt to have relapses, when they consume much milk during the course of this disease. Surely, sufficient reasons exist for undertaking a thorough investigation of the question. My own practice, in the cases in which I am consulted, is to advise against the use of milk as an element in acute rheumatism.

In typhoid fever, milk is one food now given irrespective of the character of the cases. Of late this almost universal practice has come to be challenged. It has been depended on, without investigating the state of the digestive functions, and quite unmindful of the effect it may have on heat production. It is often given in too great quantity at a time, or so frequently that the stomach has not disposed of one quota before another is thrust upon it. Unless the gastric juice has preserved to a considerable extent its power of converting the albuminoids into peptones —which we have no right to expect—the casein resists its action; hence it follows that material of digestion should be administered soon after the milk is taken, and to prescribe without reference to the ability of the stomach to dispose of it is to insure increased fever and delirium, and more frequent stools. Besides supplying the means for proper digestion of the milk, attention should be given to its administration at such intervals that every portion given may be disposed of before another is permitted to enter the stomach. It is a trite observation, which is not therefore less true, that it is more important to the nutrition if some food be well digested rather than a large amount be merely swallowed.

Notwithstanding, since Donkin's first reports, milk has entered largely into the dietary of diabetics, its utility has recently come to be seriously questioned. If conversion of milk sugar into grape sugar does not take place, there can be no doubt of the value of milk in this disease, since it possesses so great a number of alimentary constituents. If, as is now asserted, this conversion does take place, the free administration of milk in diabetes must be regarded as an abuse.—*Coll. Clin. Record.*

BORACIC ACID IN THE TREATMENT OF LEUCORRHEA.

For months past, I have made frequent use of boracic acid in the treatment of leucorrhea in a manner hitherto unmentioned, at least so far as has come under my notice, and with surprising success; in every case where I applied it, prompt and permanent improvement resulted.

Having had some excellent results from the boracic acid packing in chronic suppurative otitis,