

ON CONTINUOUS DISCHARGES AFTER DELIVERY.

Dr. A. Wiltshire says that these discharges are most common among patients of the poorer class, who are, by the exigencies of their lives, obliged to rise too soon from the lying-in couch, and who are, moreover, as a rule, sadly under-fed, not only at and during childbirth, but before and after. More rarely are they met with in higher ranks of society, chiefly in constitutionally delicate women, or in persons who have become weakened by too rapid child-bearing, or other debilitating causes. All classes alike are apt to blame their medical attendant for the persistence for some time of sanguineous discharges, in the belief that they are due to negligence or want of skill on his part.

The cause of this condition is due, in the great majority, if not in all, cases, to subinvolution of the uterus.

Involution should progress equally in every part of the womb, so that at the end of the process the normal relative proportions should be maintained; especially does this apply to that portion corresponding to the placental site where the uterine wall is thicker than elsewhere. It is here, however, that the process most often fails, leaving a surface prone to blood and other fluids; and it is here, the author believes, that the persistent "colored shows" and "waters" mostly originate.

These cases are characterized by the persistence, with it may be occasional remissions or intermissions, of a sanguineous (red or greenish) flow, which sometimes weakened the patient to the extent of interfering with lactation. Subinvolution is liable to persons affected with heart disease and chronic diseases which are accompanied with marked congestion of the venous system, as chronic bronchitis with emphysema, congestive liver diseases, etc. Feverishness hinders involution, and Joulin says the process does not actively set in until the pyrexia due to the establishment of lactation has passed away. It is, therefore, important to arrest all pyrexial complications. As regards the constitutionally feeble, in whom all vital processes are slow, absorption and restitution are not likely to progress very rapidly when the debility, which is normal to such persons, is intensified by the exhaustion of parturition, and the usual insufficient or improper diet to which lying-in women are commonly condemned. For such is a liberal diet especially useful.

Bi-manual palpitation and measurement show in these cases excessive bulk. Ordinarily this co-exists with increased length, but cases have been noticed in which the length of the axis was normal while the uterus was broader. On the relation of flexion and version to this condition Dr. Wiltshire does not lay much stress, remarking that "such accidents do occasionally complicate these cases, and aggravate them considerably."

Under the head of preventive treatment the writer impresses the necessity of prohibiting too early rising, and next regulation of the diet, the quality of which should be inversely proportionate to the quantity taken, due regard being had for the existence of

fever, as determined by the thermometer, the habits and inclinations of the patient, and her intention to nurse the child or not.

Under the head of curative treatment he recommends the recumbent position, a firm bandage to the lower belly, and rich diet. Occasionally cases are seen in which there is an excess of nutrition, and subinvolution disappears under a regulated diet, potash or lithia, and aperients, and anti-rheumatic remedies in patients of that diathesis. Ergot is recommended, and digitalis and strychnia in some cases complicated with heart lesions. Very striking results have followed the use of quinine, as suggested by Monteverdi. Gueneau de Mussy, at the Hôtel Dieu, has of late used it with considerable success in eight-grain doses for atonic menorrhagia.

Some patients, when nutrition appears to have failed seriously, improve wonderfully under arsenic. Anodynes, especially opiates, should be sparingly used. Syrup of iodide of iron is recommended as a tonic, sulphate of magnesia to keep the bowels opened, and local application of iodine to the hypogastrium when there is much pain. Injections, if used, should be copious, and the writer prefers cold to hot ones. Astringents may be introduced into these injections, if necessary, and good may often be derived from hip-baths, the author having a high opinion of sea-water for this purpose, as well as for injections.—*London Obstetrical Journal*.

RULES FOR FEEDING BABIES.

The following excellent rules, on the feeding of babies in general, are extracted from an essay recently read by Professor A. Jacobi, M.D., of this city, before the Public Health Association. The rules in question were prepared especially as a guide to the public, and coming from such a source, are more than ordinarily valuable. We wish they could be placed in the hands of every mother and every nurse in the land. Embodying, as they do, the results of the experience of one of our highest authorities on the subject, they are also of particular value to the general medical practitioner. They are as follows:

I. *Nursing Babies*.—Overfeeding does more harm than anything else. Nurse a baby of a month or two every two or three hours. Nurse a baby of six months and over, five times in twenty-four hours, and no more. When a baby gets thirsty in the meantime, give it a drink of water, or barley-water. *No sugar*. In hot weather—but in the hottest days only—mix a few drops of whiskey with either water or food, the whiskey not to exceed a teaspoonful in twenty-four hours.

II. *Feeding Babies*.—Boil a teaspoonful of powdered barley (grind it in a coffee grinder) and a glass of water, with a little salt, for fifteen minutes; strain it and mix it with half as much boiled milk, and a lump of white sugar. Give it lukewarm, through a nursing bottle. Keep bottle and mouth-piece in a bowl of water when not in use. Babies of five and six months, half barley-water and half boiled milk, with salt and white sugar. Older babies more milk