

applied to milk ; but extremes of either are injurious and destructive.

Heat is chiefly used to destroy the numerous germs which contaminate all milk, and which finally spoil it.

Cold is valuable because it retards the growth of germs, while applied to milk, but never any longer.

Milk should never be allowed to freeze, nor be subjected to more heat than necessary to sterilize it.

Milk is sterilized when it has been heated with steam or boiling water, long enough to destroy the germs in it.

Milk is pasteurized which has been heated at 167 degrees Fahrenheit for twenty minutes, and then cooled quickly.

Pasteurized milk is free from harmful germs, and has not been injured, as when completely sterilized or boiled.

Milk is best preserved when stored in small glass bottles, corked with cotton wool, and kept on ice.

When ice is not available, bottled milk should be immersed in cold water, which should be frequently changed.

When the separate feedings of milk are kept in small, closed bottles, the several portions are equally protected.

#### THE HYGIENE OF THE NURSERY.

Regular habits, proper food, and long hours of sleep are necessary conditions to a healthy infant.

The three prime essentials in the nursery are fresh air, good food and pure water.

Never put a bottle nipple into your mouth, and then into the baby's mouth ; this will often prove dangerous.

Always hold a baby in your arms when feeding it, in about the same position as if nursing it.

Feeding in the night, after the third month, is both inconvenient and unnecessary ; sleep at night is better than food.

Do not feed the baby because it cries ; this may be due to pain, and it is hurtful to fill an infant's stomach at such a time.

Have a rule for feeding the baby, and do not vary from it ; without regularity the mother becomes a slave.

More infants' lives are taken by over-feeding than by starvation. Never liken an infant's digestion or diet to your own.

An infant's thirst is not quenched by milk ; it needs clean water to drink with regularity.

Plain boiled water, given between feedings, will often aid the digestion, and satisfy the child when restless.

Vomiting or diarrhoea are indications that the child is either sick or approaching sickness, and probably needs a physician.

Cholera infantum would be of rare occurrence if proper attention was always given to the quality and quantity of the food.

A nursing mother who worries, or who is exhausted, or who indulges in excitement, may become a source of danger to her infant.

An infant is a creature of habit, and usually responds to the wish of the mother, if the mother has order in her will.

Rubber tubes, complicated nipples and nursing bottles are dangerous, and should never be used.

Light and loose clothing, frequent bathing or cool sponging, are necessities for the infant in hot weather.

Cleanliness, as applied to the body, the mouth, the food, the vessels, the clothing, the furniture, the floor, the carpets, the beds and the atmosphere, should be strictly observed.—Henry M. Coit, M.D., in *Arch. of Ped.*

#### UNCURED GONORRHOEA.

In February, 1892, I read before the Surgical Society a paper on Uncured Gonorrhoea. I propose to-night to still further discuss the subject with reference to its characteristics and management in the male. I referred then to the inutility of the "cut-off" in the matter of extension backward to the deep urethra of this disease, the frequency of such extension, its masked dangers to the infected, and its latent dangers to others. The glass test, that has been so frequently and full written up of late, shows the alarming frequency of the existence of active deep infection after all discharge from the urethra has ceased. For determining simply the existence or non-existence of posterior infection in reasonably recent cases, the simple collection of the patient's urine in two clean bottles will usually suffice. There will then be no shreds, but a general cloudiness of the water passed, in the first bottle only, if the disease be confined to the anterior urethra, in both if it has invaded the deeper parts. One must always take the precaution of adding a few drops of acetic acid to the urine to determine that the cloudiness is not due to phosphates.

In chronic cases, cases in which the urine may be cloudy or flaky, and that have a history, subjective, objective, and clinical, pointing to deep and obstinate involvement, an important question of differentiation presents itself. In a general way we may say that as many as five different localities may be singly responsible for the similar symptoms presenting in different cases, namely, the deep urethra, the bladder, the ureters, the renal pelvis, and the seminal vesicles. To exactly locate the disease in such cases is by no means a simple affair. It is indeed often an impossibility. More care must now be exercised in the glass test.