advised the plan of giving the average milk of a farm, and have never been sorry for the results, in all parts of the city." (pp. 14-31.)

GENERAL RULES.

1. *About 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. *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.

2. *About Feeding Babies.*—"Boil a teaspoonful of powdered barley (grind it in a coffee grinder) and a gill of water, with a little [a pinch] salt, for fifteen minutes, strain it, and mix with it half as much boiled milk, and a lump of white (loaf) sugar. Give it luke-warm through a nursing bottle.

"Keep bottle and mouth-piece in a bowl of water when not in use.

"Babies of five or six months: half barley water and half boiled milk, with salt and white sugar. Older babies, more milk in proportion.

"When babies are very costive, use oatmeal instead of barley. [Add from three to six grains of bicarbonate of soda to each evening meal, for a few nights.] Cook and strain.

"When your breast-milk is half enough, change off between breast milk and food.

"In hot summer weather, try the food with a small strip of blue litmus paper. If the blue paper turns red, either make a fresh mess, or add a small pinch of baking-soda to the food.

"Babies of ten or twelve months may have a crust of bread and a piece of rare beef to suck.

"No child under two years ought to eat at your table. Give no candies; in fact, nothing that is not contained in these rules, without the doctor's order.

About Summer Complaint.—"It comes from over-feeding, and hot and foul air; never from teething. Keep doors and windows open. Wash your children with cool water at least twice a day, and oftener in the very hot season.

"When babies vomit and purge, give nothing to eat or drink for four or six hours, but all the fresh air you can. After that time you give a few drops of whiskey in a teaspoonful of ice-water every ten minutes, but not more until the doctor comes. When there is vomiting and purging, give no milk.

"Give no laudanum, no paregoric, no soothing syrup, no teas."

A GUIDE TO THE EXAMINATION OF URINE.

[Continued from our last.]

PUS.

Pus is frequently present in the urine, and produces a thick sediment at the bottom of the urine glass. The urine readily becomes alkaline, and rapidly decomposes after being passed. It is permanently turbid; that is, the turbidity is unaffected by heat.

Under the microscope, the deposit shows numerous pus corpuscles, round colourless bodies, not varying much in size, having granular contents, and nuclei varying from 1 to 4 in number; if acted on by acetic acid, the nuclei become much more distinct. If the urine has been long passed, the pus corpuscles undergo changes which render them incapable of being recognised.

The urine of course contains albumen, and in proportion to the amount of pus present. If the quantity of albumen exceed that which should be given by the pus present in the urine, evidence of kidney disease, as casts of tubes, should at once be looked for.

The deposit from urine containing pus is rendered visced and gelatinous by the addition of about half its quantity of liquor potassæ; it becomes ropy and cannot be dropped from one vessel to the other; urine containing mucus, on the other hand, becomes more fluid and limpid by the addition of caustic alkali.

Pus occurs in the urine in the following diseases:
Leucorrhœa in the female.
Gonorrhœa or Gleet in the male.
Pyelitis, from any cause.
Cystitis.
Any abscess bursting into any part of the urinary tract.

Leucorrhœa is an exceedingly frequent cause of the presence of a slight amount of albumen in the urine of women; if it be necessary to exclude this origin, the urine must be obtained by means of the catheter.

BLOOD.

Blood is not at all unfrequently found in the urine, and it may be derived from any part of the urinary-renal tract. If derived from the kidneys, the blood will be completley diffused through the urine, and give it a peculiar smoky appearance, absolutely diagnostic. If the hæmorrhage from the kidney be great, however, the urine will have a bright red colour, like blood.

The deposit at the bottom of the urine glass shows under the microscope the circular discs, familiar to every one as the red corpuscles of the blood. Their peculiar colour will prevent the student mistaking them for any other deposit; they may, however, in a urine of low specific gravity, become swollen, and at last burst from endosmosis; in those of high specific gravity, they will often become contracted, shrivelled, and distorted, from exosmosis.

The urine will, of course, contain albumen in proportion to the quantity of blood present, which may be so great that the urine will solidify on the application of heat. The urine very readily becomes alkaline, and care must be taken to restore the acid reaction with acetic acid, before testing for albumen.

Clinical Import. The presence of blood, or of blood corpuscles, in the urine is a sure sign of the