

milk should be taken in small quantities at any time, in order to be the more easily and quickly taken up by the lacteals.

Quinine is a most valuable tonic for children, and is not prescribed enough. In this case he gave:

℞ Ferri et quiniæ citratis..... 3 j
Syrupi aurantii corticis..... 3 iij M.
Sig.—Teaspoonful three times a day.

Predigested foods are also of much value in cases like this.

MAGNESIA DANGEROUS.—Stewart advises against the giving of dose upon dose of carbonate of magnesia, when it fails to purge.

It is likely to make a dangerous stone-like impaction in the intestine. He has known several cases of death from this cause.

"OBSTETRICAL APHORISMS."—Stewart.—In cases of post partum hemorrhage, where the patient is dangerously weak from loss of blood, do not neglect, along with other measures, to elevate the foot of the bed so that the brain may more easily receive blood.

Alum, 3 j to the pint, is a cheap and good wash for excoriated nipples; so is tincture of catechu. If the excoriation is very bad, try arg. nit., gr. vj. to the ounce of rosewater. Have the nipples washed though, before the child is applied. Protect the nipples with a shield from being rubbed by the clothing; and if these measures are not sufficient, have the nipple covered by a shield while the child is sucking.

Within forty-eight, or the so-called "three days," you may have milk fever. The temperature may rise even as high as 103° or 104°. This fever can usually be avoided by keeping the mother on mild, unstimulating diet for the first three days after child birth.

In treating this fever, I have found that a continuation of saline purgatives will much decrease, or perhaps stop, the flow of milk.

Accordingly I use other preparations—compound licorice powder, a good 3 to a dose; or, better still, castor-oil. When the milk is deficient, cocoa in some form is generally of good service to increase the flow.

UTERINE HEMORRHAGE IN PREGNANCY.—*Parish.*—Case of hemorrhage from the uterus in a woman eight months pregnant. Whether a case of placenta previa or not, Dr. Parish said that the proper treatment here was to put the woman to bed and keep her there, and not allow her to rise from it for any purpose whatever. He advises a physician who has a case of placenta previa or suspected placenta previa on hand, to provide himself with a Barnes' dilator. In a dangerous hemorrhage, this will not only dilate the os for delivery, but will act as a tampon.

It is not well to keep a dilator in the office as you keep other instruments, because the rubber loses its elasticity in about two months, and is then useless.

If you have no dilator, use the tampon; though of course only when absolutely necessary. He does not approve of absorbent-cotton for tamponing, as recommended by Parvin; for he says that the cotton, on account of its great attraction for fluids, is likely to favor the hemorrhage rather than to check it.

For his own part, he prefers a long strip of muslin or linen, such as an ordinary roller bandage, soaked in bi-chloride. Special care should be taken that the material is tightly packed around the os; then the vagina is to be filled; and finally external pressure kept up by a T-bandage.

If in delivery it be necessary to perform version, give an anæsthetic, in order to relax the uterus, and thus avoid the laceration of it, otherwise almost certain.

After delivery, hypodermic injections of ergot, injections into the uterus of hot water, or even a styptic applied to the internal surface of the uterus, will stop the bleeding if the inertia of the uterus is too great for proper contraction.

When a patient comes to you complaining of oedema of the prepuce, without local disease or injury, or oedema elsewhere, look for Bright's disease—the cirrhotic form.—*Waugh.*

WILLS EYE HOSPITAL.—*Keyser.*—For a case of *phlyctenular conjunctivitis*, Keyser prescribed this ointment.

℞ Hydrargyri oxidi flavi..... gr. ¼
Adipis benzoati..... 3 j

A case of *paralysis of the right external rectus* came before him a short time since. A specific origin was suspected, and the man was put on doses of gr. v. iodide of potash. In a week the justness of the treatment was proved by removal of the trouble.

A NEW ANTISEPTIC.—Keyser considers the new antiseptic, silico-fluoride of sodium as the best in treating the eye. He uses it in his cataract operations, and also in gonorrhoeal ophthalmia, instead of boric acid; and finds it much more rapid and certain in its action. The solution used is a saturated one—gr. ½ to the f3.

FACIAL EPITHELIOMA.—Keyser has good success in treating epithelioma of the face with powdered chlorate of potash. It is kept constantly applied to the spongy growth, and the irritation thus set up effectually removes the growth. This is of use only where the growth is soft.

CALOMEL is good in all phlyctenular troubles; but do not use it in phlyctenular keratitis during the stage of severe inflammation. Dust the calomel in the eye, and with the finger gently roll the lids over the ball, till tears are started. If you stop short of this, the calomel will cake in the eye.

ABDOMINAL SURGERY.—In cases of removal of the ovaries, Montgomery prefers braided silk ligatures for ligating the pedicle, as he is then certain that the ligature will remain on long enough to avoid all danger of hemorrhage.