

mental. The author obtained a number of samples of milk furnished by menstruating nurses and analyzed them with the result of showing that, as a matter of fact, the relative proportion of casein had undergone no diminution. The quantity of fat was variable, but the variations did not exceed those met with in non-menstruating lactifers, and the maximum occurred just as often during a menstrual period as after or before. On only one occasion did the proportion of the non-fatty constituents diminish to the extent of 1.5 per cent., and the proportion remained practically the same. He remarked that in the cow the advent of the rut does not produce any noteworthy variation in the quality of the milk. Taking the results of the analyses as a whole, it was found that the variations in the quality of the milk before, during, and after, menstruation were not as marked as in milk drawn at different hours of the day under ordinary circumstances. An examination of the infants, moreover, failed to demonstrate any constitutional disturbance or failure of nutrition, provided the menses did not return earlier than the sixth week. Although we are not prepared to endorse the very categorical conclusions of the author, it may be admitted that the occurrence of menstruation in nursing women is less hurtful than has generally been believed, but it is none the less a matter of clinical observation that their recurrence does diminish the quantity of the secretion, and may even cause it to cease at an earlier date. The supervention of pregnancy is under any circumstances a barrier to continued lactation, as much in the interest of the mother as in that of the child.—*Med. Press.*

INFANTILE CONVULSIONS.—J. Lewis in Smith, discussing the treatment of convulsions, starts out by saying: "Fortunately, inasmuch as the physician, is often required to treat eclampsia in ignorance of the cause, the same measures are demanded to a considerable extent in all cases. As early as possible in the attack the feet should be placed in hot water, to which mustard is added, or if it can be procured with little delay a general warm bath may be used in place." I must enter my unqualified disapproval of such a routine method of treatment. In many, very many of these cases the hot bath plain or medicated is a positive injury and should not be used at all. In place of benefiting the patient we make it worse.

The first duty of a physician when called to a patient suffering from eclampsia infantilis is to use thermometer, and while this is being done he can make a survey of the case before him. He should ascertain if the child has had scarlet fever; if not, is it in the vicinity; if it has had, how long since; has it whooping cough, pneumonia, measles, a serious fright; what has it been eating for the past twelve or twenty-four hours; are there any indica-

tions of meningitis, malarial affection, etc. At a glance he can tell whether it is pale, thin and illy nourished, and whether it is liable to be rickety. It is only after this careful survey that the practitioner can act intelligently. When the thermometer is examined, should it record a temperature of 104° or 105° the hot bath should never be used, as it only adds fuel to the flames, but on the contrary the cool bath is indicated with cold to the head.

My attention was first directed to this some years ago, when called to see a little boy some six years of age who had had a spasm, and when I reached the bedside was just having a second. Glancing at the little fellow I saw he had a high fever, and on using the thermometer found his temperature to be 104½°. I said to myself will not a general hot bath do this child an injury? On questioning the mother I found the child had been eating some indigestible food, and had shown some signs of suffering from malaria. I requested the mother to bring me some tepid and cold water. The cold water I directed her to apply to the child's head while I proceeded to sponge the body and limbs with the tepid water, which I gradually reduced in temperature until it was decidedly cool. I had the satisfaction of seeing the child's temperature reduced to 101° in a short time, and he had no more convulsions. I gave him a cathartic to carry off any offending material that might be in the child's bowels, and left him some aconite and gelseminum to hold what I had gained, and some one-grain quinine pills to take on the following morning. At this time I found the patient quite bright, free from fever, with no indications of a return of the spasms. I have used this since then with the most gratifying results.

During the actual attack chloroform may be administered, but it should not be entrusted to the hands of an untrained and unskillful nurse. If we suspect the ingestion of indigestible food, an emetic or a cathartic, or both, possibly, will be proper treatment. If the patient be illy nourished and the hygienic surroundings bad, this condition of affairs must be remedied. The former by iron, quinine, cod-liver-oil, and the latter by pure air, absolute cleanliness, proper clothing and plenty of outdoor exercise, together with good food. Other remedies will suggest themselves from time to time and will be applicable in the concrete case, such as bromide of potash, either alone or combined with chloral hydrate. When these cannot be swallowed they should be thrown into the rectum in suitable doses.—Dr. Dickey in *Med. Compend.*

HEART DISEASE COMPLICATING PREGNANCY AND LABOR.—Prof. Simpson thinks that there is no risk in the more or less continuous use of cardiac tonics, and especially of strophanthus, during the pregnancy. He has never seen anything but good