

and water one-third. A dessert-spoonful of sugar-of-milk may be added to each bottle."

We have copied these directions from the otherwise excellent address of Dr. Taaffe, not because they are new, for they are substantially the same as have been given by many writers, and which mothers and nurses have endeavored to execute in their care of infants for half a century at least, but because careful clinical observation over a wide field of practice long since taught us that they contained an error of very great practical importance, namely, the excessive *dilution* of the food of infants. Our attention was attracted to this subject at an early period, and more than thirty years since, in addition to careful clinical observation, we prosecuted investigations, chemical and microscopical, concerning the mother's milk in healthy uncomplicated lactation and also when complicated with menstruation and pregnancy.

Suppose, in applying the rule given by Dr. Taaffe, we commence the day-feeding of a child under two months old at 6 a.m. and end at 9 p.m. and add two feedings for the night, it would allow eight feedings every twenty-four hours. If we allow four ounces for each feeding, which is a large allowance for an infant of less than two months, it would get thirty-two ounces per day of twenty-four hours; four ounces of which would be nutritive matter, and twenty-eight ounces water if it were good mother's milk, and a fraction more if it were good cow's milk. If we may suppose the infant able to appropriate the whole four ounces in the twenty-four hours and lose in the same time by eliminations or waste two ounces, it would grow, or gain in weight, two ounces per day, or at the rate of nearly four pounds per month. But if we comply with the rule and make the milk two parts water to one of milk and still allow the infant four ounces each feeding, or thirty-two ounces per day, instead of four ounces of nutritive material and twenty-eight of water it would have received only  $1\frac{1}{3}$  ounce of nutritive matter to  $30\frac{2}{3}$  ounces of water; and if, as in the former supposition, the infant lost by elimination or waste two ounces per day, instead of gaining an aggregate of near four pounds per month it would actually have lost one pound and a quarter during that time. And such has been the actual tendency of every attempt we have seen made to literally adhere to the rules given by Dr. Taaffe, although many such have come under our observation during the preceding thirty years.

We have seen scores of these little sufferers soon restored to the condition of quiet, cheerful, thriving babies by simply insisting on their being fed with milk containing the full natural proportion of solid elements, and sometimes slightly increasing these by either boiling enough to evaporate some of the water, or by adding a very little wheat-flour and a few grains of salt while the milk was

boiling. The child thus getting enough nutritious material to supply the demands of its tissues in a less bulk of water yet easy of absorption and assimilation, avoiding over-distention of the stomach, takes long, quiet sleeps, and grows fat and happy.—*Jour. Am. Med. Association.*

## MEDICAL NOTES.

A case of *melanemia* was treated thus: Saturated patient with iron, using the tartrate of iron and potassium, commencing with gr. v and increase to gr. xx ter die. (Prof. Da Costa.)

For *gastralgia* Prof. Da Costa advised an exclusive milk diet and the following:

R Ext. cannabis indicæ, . . . gr.  $\frac{1}{8}$   
Sodii arseniatis . . . gr.  $\frac{1}{10}$

Ft. pil.

Sig—Ter die.

Prof. Da Costa treated *tinea tonsurans* with the following:

R Hydrarg. chlorid. corros. . . gr. iv  
Glycerini . . . f3 ij  
Aquæ . . . f3 vj M.

Sig—Wash parts three or four times daily.

After about three weeks' treatment with 3ss. of ext. ergot. fl., afterward increased to a drachm ter die, a *fibroid of the uterus* was found to have been reduced in size one-half inch, umbilical measurement. The case was shown by Prof. Parvin.

For *constipation*:

R Ext. aloes . . . gr. iij  
Ext. belladonnæ . . . gr.  $\frac{1}{4}$   
Ext. nucis vom. . . gr.  $\frac{1}{4}$

Ft. pil.

Sig.—Ter die (Bartholow).

Constipation occurring in those of a hysterical type, Prof. Bartholow often treats with the pil. aloes et assafetidæ.

To promote *diuresis* the following will prove effectual:

R Potassii acetat. . . gr. xx  
Tinct. zingiberis . . . gtt. x  
Elix. simplicis . . . f3 j  
Aquæ q. s. f3 ij M.

Sig.—Every three hours (Da Costa.)

Prof. Bartholow states, that it is said that a one to two per cent. solution of carbolic acid hypodermatically will do good in arresting advancing *erysipelas*. Its action, no doubt, is due to the destruction of the organism upon which the disease depends. Do not use in the facial form.

In a recent clinic Prof. Da Costa presented to the class one of those rare cases known as Raymond's disease or vaso-motor spasm. The man had swollen fingers, blue and painful, the same thing