

the Journal in connection with the subject of feeding infants, we subjoin a few remarks on the general diet suitable for infants. If an infant under seven months be deprived of its mother's milk, hand-feeding of some kind must be resorted to, unless the services of a wet-nurse can be obtained. The most convenient method of administering food in such a case is by means of a feeding-bottle. The character and mode of preparation of the food have now to be considered. Up to the age of six months little or nothing should be given besides milk, fresh, warmed, sweetened, and diluted with one-third or fourth part of water or lime-water, the latter being preferable when there is any tendency to offensive and loose motions or vomiting; three or four ounces of the food being given every three or four hours or less, according to circumstances. But in all cases the time of feeding should be fixed and rigidly adhered to. In some cases baked flour, rusks, etc., may be given with advantage under six months: but with most children such a diet is but ill borne, causing gastro-intestinal irritation, as evidenced by vomiting, with loose and offensive motions. After the age of six months, and toward the time when teething may be expected to commence, other food may be added to the diet, such as one tablespoonful of baked flour, either home-prepared or in the form of Ridge's food. The heating renders the farinaceous food partially soluble. Fatty food may be given with advantage once a day, in the form of yolk of egg beaten up with milk, or mutton-suet melted in milk by gentle simmering, two ounces of suet being used to thicken one pint of milk. The mixture, being sweetened and strained, can be taken through a feeding-bottle. Important as is the subject of infants' diet, we must not dwell longer on the subject, but refer our inquirers to the suggestions given in Dr. West's work on the Diseases of Infancy, and in Dr. Eustace Smith's Clinical Studies of Diseases in Children, and in works by other authors. Referring once more to the case on which we commented, it appears that death resulted from injudicious feeding, the child being as truly starved to death as if all food had been withheld. We are at the same time well aware that some children, naturally of a strong digestion, may live and thrive on almost any food.—*Brit. Med. Jour.*

OPIUM FOR THE PHOTOPHOBIA OF SCROFULOUS CHILDREN.—Dr. F. Betz (*Memorbilien*, 7 Heft, 1877,) states that the application of opiates in this affection is practicable, and that the greater ease and exactitude of carrying it out would soon cause it to supersede the atropine treatment. It being impossible for us to always keep these cases directly under our charge, the following plan seemed to him the best to be adopted. He begins by ordering 5-6 drops of the tincture of opium to

children, two or three years of age, just before retiring; older children receiving corresponding doses. Besides this, a compress dipped in cold water, and folded 6-8 times, is so bound to the face as to cover the forehead and upper part of the face, extending at the same time well over both eyes. In very severe cases the compress may be dipped into ice-water. At any rate, the opiate is the principal feature, and the dose of this is gradually increased until quiet sleep is secured. Photophobic children are generally restless during their sleep, turning and crying out every few minutes. The opiate controls this symptom. The first local sign of improvement is that the children open their eyes earlier in the morning. The action of the opiate is often so prompt that a remarkable improvement is observed after a single administration, and now and then a complete disappearance of the photophobia after a few days' treatment. Other local applications often require treatment for a longer time. The great change in the disposition of the heretofore peevish and irritable child shows how much the pain produced by too bright a light affects the entire sensitive nervous system. To guard against relapses, Betz continues the evening dose of opium for a considerable period, and expresses the opinion that the general nutrition is improved thereby.—*Allgemeine Wiener Med. Zeitung.—Clinic.*

DYSPAREUNIA—VAGINISMUS.—Clinic by Prof. Thomas.—I present to you a case which, when you enter practice, will be of service in aiding you to treat a condition which cannot be considered as rare. A point of interest to the physician, as well as the patient, is that, with proper treatment, a complete cure may be effected; and unfortunately a similar prediction cannot be made in many gynecological cases. Out of regard to the feelings of the patient, I shall run over the history. She says that since her marriage any attempt at coition caused very severe pain, and moreover, any proposition to that effect gave rise to severe trepidation. When she was placed on the table, and the labia drawn, the hymen was found to be complete. The finger was then placed upon it, when the patient suffered severe pain, similar, as she says, to what was felt during the efforts at intercourse. There was noticed, also, a caruncle near the urethra. Dr. Burns, the Scotch obstetrician, long ago recognized the disease, and since that time may have contributed to the literature of the subject. It was, however, to Dr. Marion Sims that we are indebted for the first thorough description, with method of treatment. He called it vaginismus. It seems that there is a hyperæsthesia around the vulva, and the slightest pressure gives rise to severe pain. The operation is quite simple, and, as I remarked, offers an exceedingly satisfactory result. After the patient is anæsthetized, she is placed upon her