

of mother's milk, and that it is also often serviceable in cases of diarrhoeal diseases (the less so the younger the child,) especially in diarrhoea consequent on weaning, when the most striking results appear to have been attained.

He compares this food, though in an indefinite way, with fresh country milk, with Liebig's food, and with condensed milk, and expresses the opinion that no one of them possesses decided advantages over the others. It would seem, however, that, whatever might be the result of more extended experiments he had hardly done justice to his own experiments as they stand, for one could not expect to give any substitute whatever for mother's milk to sixty babies taken as they come, and find it succeed with as many as fifty-one of them.

Monti has given the food to very young children in private practice, and is of the opinion that it is not appropriate for children under six weeks of age. We do not hear, however, that it did not suit any children under that age with whom it was tried, and the statement as it stands is of so universal application to all artificial foods that it does not seem certain that it shows a peculiar property in this one.

I have given the food to a good many children with essentially the same result as that reported by Ehrendorfer. Generally it was well liked and well borne; occasionally it was not retained by the stomach, or was not liked by the baby. My impression is that it is not likely to be successful as often as Liebig's food, when the latter is made entirely in the kitchen every day and not from an extract, but the difficulty of making it in this way count sadly against it. It is hardly necessary to say that Nestlé's food is not going to prove a perfect substitute for mother's milk; few of us expect that of any artificial food.

It is, however, fair to recognize that it is supplied in compact form, is easily cooked, is comparatively safe from the accidents from which milk often suffers, especially in the city; that most babies like it, and that it generally does not disturb the digestion, and is nutritious.—*Boston Medical Journal*,

WHEN AND WHY WERE MALE PHYSICIANS EMPLOYED AS ACCOUCHEURS?—

Dr. Wm. Goodell (*American Journal Obstetrics*, August, 1876), in a very interesting paper answers the above question. It was just subsequent to the discovery of the art of printing that male physicians began to act as accoucheurs, and thus destroy the monopoly of midwifery by midwives. The reason for this change seemed to lie in the fact that the people became wiser, and read more books, so that they could appreciate the ignorance of the midwives. Physicians developed with the times, the midwives did not. The former wrote elaborate works on obstetrics, which the latter, with rare exceptions, could not even read. What more natural than

that intelligent women should prefer the teacher to the inapt pupil—should place their lives in skilled hands rather than in those which were unlettered. What more inevitable than that the male physician who was hurriedly sent for in cases of emergency, or was kept waiting in an ante-chamber for such emergency, should, despite tradition, prejudice and religion—should, in spite of himself, for it was long deemed dishonorable for him to practice midwifery, ultimately usurp the place of the midwife by the bedside of the woman in travail?

A SIMPLE METHOD OF TREATING UMBILICAL HERNIAS IN INFANTS.

M. Archambault has for some time past employed with gratifying success the following plan in the treatment of the umbilical hernias of infants. A piece of white wax is softened, and fashioned with the fingers into a ball, which is then cut in two, so as to form two hemispheres. One of these hemispheres, which must be of a size proportionate to the umbilical ring, is applied to it in such a way that its spherical surface securely fills the opening, and is then retained in position by a strip of plaster. Instead of wax we may use gutta-percha, previously softened in warm water. Both of these substances, about two hours after their application, become sufficiently softened to adhere to the skin. If the plaster excite cutaneous erythema, it should be removed every two days, and the skin powdered with rice-powder.—*Le Bordeaux Medical*, September 12th.

FAT MEAT AS AN EXTERNAL APPLICATION.

In the *Virginia Medical Monthly*, Dr. W. T. Ennet, of North Carolina, relates the following experience in diphtheria:—"My aunt, who, was in Hartford two years ago, when the disease was raging so terrifically there, being at my house this summer, when it was killing whole families in Wilmington, and was also terribly fatal to the surrounding country, asked me to try the Hartford doctors' treatment, which was the same as ours, with the exception of external application of 'fat meat.' I could not nor cannot see the virtue, but promised to try it; I used it, and my patient got well. I still did not look upon it as affecting the disease at all. I used it again and again, and the patients all got well. I tried to study out some physiological action, but could not. I wrote to an eminent physician in Hartford, and he writes me, 'We regard it as an old woman's remedy; but the doctors all use it, and since its use the mortality has not been more than one-third. What is it and why it is, I don't know; but might it not have some antidotal action on the poison?' Since then, I was called in consultation in the adjoining neighborhood, where the attending physician had lost three or four in the one family, and another patient was