

containing one-sixth grain of morphine and one-fourth grain extract of belladonna. On December 10th I made it one-eighth grain morphine and one-half grain extract of belladonna. Both these answered perfectly, and in six weeks she was practically cured. In the succeeding six months she did not wet more than six times, but each time was carefully followed by the use of the belladonna suppository for one week to prevent a relapse. For two years now, since the summer of 1884, she has been perfectly well, and improved greatly in general health.

I might report other cases far more rapidly cured. I select the above on account of its long standing, and, since I was obliged to proceed somewhat tentatively, as showing very well the comparative action of morphine and belladonna. The latter I have never given without some morphine, believing they act better in combination, as they do when given by the mouth.

From my present experience I regard the rectal treatment as superior to all others in this disease.

### THE SURGICAL TREATMENT OF SUBINVOLUTION.

Dr. A. Palmer Dudley thus writes in the *N. Y. Med. Jour.*, September 4 :

"These patients were at once put upon the use of hot vaginal injections twice daily. If there was cystic degeneration of the cervix, all of the cysts that could be reached were tapped. If the os and cervical endometrium were granular, appropriate treatment for it was given; and applications of Churchill's tincture of iodine to the cervix and vaginal roof, together with glycerine tampons, were used in some cases as often as every other day. That this method of treatment was beneficial no one for a moment could doubt, but it did not cure my patients. It did not relieve the weight and dragging pains, or do away with the foul leucorrhœal discharges of which the patients had so long complained.

"After each patient had been kept under this form of treatment for a certain time, she was put under an anæsthetic, and the depth of the womb carefully noted. If menorrhagia had been her habit, the cervix was rapidly dilated and the endometrium carefully but thoroughly curetted with Bozeman's curette, and then touched with a 1 to 2,000 solution of bichloride of mercury, wiped dry, and again touched with glycerite of carbolic acid. Many prefer the use of Churchill's tincture of iodine for this purpose, believing it more efficacious in preventing a return of the fungosities; but, in cases where the cervix is to be operated upon, the use of the iodine is disadvantageous, on account of its discoloring the parts and rendering the operation more difficult. After this treatment of the endometrium, if the cervix was lacerated, I

operated for its closure after Emmet's method, going deep into the angles of the laceration. If the cervix was not lacerated, I operated after the following manner: I steadied the cervix with a heavy, curved tenaculum, and, with a pair of sharp narrow-bladed scissors, I made a deep, narrow V-shaped incision in each side of the cervix, extending the incision, if possible, deep enough into the uterine tissue to sever what we ordinarily style the circular artery. Then, after letting the incisions bleed quite thoroughly, I closed the wound by passing sutures from without inward across the incision, taking care that the first sutures ligated the several vessels. After the operation, warm water vaginal injections were used for cleanliness only. If the uterus was retroverted, a pessary was fitted and allowed to remain in position while the wound was healing."

The results were satisfactory.

### THE MILK TREATMENT.

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The patient is to use *skimmed* milk, and *skimmed* milk alone; no other kind of nourishment.

The patient is to take, three or four times daily, and at regularly observed intervals, from two to six ounces of skimmed milk.

This must be taken slowly, and in small quantities, so that the saliva may be well mixed with it. The reaction of the milk to test paper must be neutral or alkaline.

The first week is the most difficult to get over, unless the patient has a strong will.

During the second week two ordinary quarts may be consumed during the day. The milk must be drunk four times daily; at 8 a.m., at noon, at 4 and 8 p.m. The hours may be changed, but regular intervals must be maintained.

If the patient comply with these directions he will complain neither of hunger or thirst, although the first doses appear so very small.

The daily quantity may be increased to eighty or more ounces.

If after having attained this quantity or more, and the patient gets worse, diminish the amount to the quantity used the first week, and increase more slowly.

Constipation at the beginning is a good sign. This may be remedied by warm water injections, or by the use of castor oil, rhubarb, addition of sugar of milk to the milk, or by taking some bicarbonate of soda at bed-time. If the constipation be obstinate, a little coffee may be added to the morning dose of milk, or towards 4 p.m., stewed prunes or a roasted apple.

If, on the other hand, diarrhœa result, and rumbling of the bowels is frequent, the milk is too rich or is being taken in too large doses.