

agreeing, the unsatisfactoriness of the individual herself, who, reins in hand, may, if inclined, drive the family to distraction. Apart from this, many mothers object to having their little ones nurse at other breasts than their own, even when the substitute is cleanly in person, character, and habits, and much more so if doubt exist, as it often must upon these scores. While not decrying wet-nurses,—indeed, while claiming that for some infants they are our only means of salvation,—the lecturer claimed that in most instances they are not indispensable.

In choosing a substitute for human milk for healthy children, the lecturer does not approve of the so-called infant-foods manufactured on a large scale, and kept on the druggist's shelves. These substances, many of which have much virtue, find a sphere in the management of the sick, but as a rule may be eschewed in arranging a food for the well.

For most babies condensed milk answers best, for the first three to six months of life. Here again a choice may be made. There are several varieties of this food, most of which are supplied in quantities to grocers and druggists, and lie an indefinite time on the shelf or counter, during which time they are liable to deterioration. This is not a matter of theory, but has been proved in more than one instance by an attack of severe indigestion and diarrhoea on opening a new can. The brand most satisfactory in the lecturer's experience is Canfield's, which is manufactured in Philadelphia, and is for sale only at the manufacturer's office, where its freshness and purity are guaranteed. Or, if the sweetness of the condensed milk be an objection in an individual case, the "Evaporated Cream," a partially condensed milk, prepared by the same firm, may be used, having it served fresh every day or every alternate day. Unquestionably, condensed milk is preferable for the young infant to the fresh (?) milk furnished by the milkman in our large cities.

If a child taking condensed milk is constipated, a small quantity of Mellin's, Horlick's, or Nestle's food may be used in each bottle, and will usually be all-sufficient.

At least until a food has proved satisfactory, the infant should be weighed at the end of each week, and should gain from three or four ounces to a pound weekly. If severe colic, vomiting, or diarrhoea occur without cause, such as teething, exposure, etc., some change is indicated. This will usually be the case, where condensed milk is the diet, somewhere from the third to the eighth month. The addition of oatmeal to the food may be all that is needed. It should be thoroughly cooked for three hours, then strained through a cloth, producing a white, semi-translucent substance, about the consistency of starch, as used by the laundress. Of this from one to three tablespoonfuls may be added to each bottle, according to the age of the child and its power of digestion. Lime-water is an important addition to the artificial food, and should be used continuously for

the first ten or twelve months.

In most instances fresh cow's milk will have to be substituted for the condensed milk when the latter disagrees, or this, if obtainable pure, may be used from the first. This should be diluted to suit the age, and have added sugar, lime-water, and from a teaspoonful to two tablespoonfuls of cream to each bottle, varying the amount to suit the condition of the bowels. After the third month, or even before, some of the oatmeal-gruel, prepared as already directed, may be added. In cities, all the water used in preparing the food should have been previously boiled. Sometimes an irritable state of the bowels, induced by one of many causes, may be benefited by the substitution for a few hours of barley-water, arrowroot water, or gum-arabic water, and on resuming the milk food one of the above waters may be used as the diluent, instead of plain boiled water. Sometimes the use of peptonized milk diluted with barley-water, or the addition to the milk-food of the "Peptogenic Milk-Powder of Fairchild's, Brother & Foster, may be required for a shorter or longer period.

In the artificial feeding of infants, the plain nursing-bottle with pure rubber nipple is better than spoon-feeding, giving exercise to the masticatory apparatus, and stimulating to more rapid functional development the salivary function.

The subject was discussed by the different members, and the experience of each one proved that cow's milk in some form was the best food for a child who must be artificially fed.

Dr. Anna McAllister spoke of some interesting experiments, which had been tried at the New York Infant Asylum, under the supervision of Dr. J. Lewis Smith: where, in several autopsies on artificially-fed infants, it was found that in those fed on *starchy* food the pancreas was very small, seemingly arrested in its development; while in those fed upon *condensed milk* the organ was normal in size.—*Phil. Med. Times*.

THERAPEUTICS OF FEMALE STERILITY.

The rational treatment of female sterility is based upon a knowledge of its causation. In anæmia, chlorosis, or scrofulosis, reconstructive medication is required. Amenorrhœa, if the generative organs are normal, may yield to local stimulating applications, such as scarification of the cervix, introduction of the sound or of stem-pessaries, vaginal douches, hot foot or sitz-baths, galvanism or faradic electricity; aided by aloes, apiol, or permanganate of potassium used internally. In the amenorrhœa of corpulent women, Kisch, Martin and Rohrig extol the sulphate-of-soda waters, among which those of Marienbad have a high reputation. In this country the waters of Crab Orchard Springs in Kentucky, Bedford Springs in Pennsylvania, or Ballston Spa in New York, would probably be equally efficacious.

In endometritis, applications of tincture of iodine or of iodinated collodion to the internal