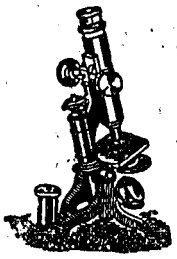
Medical Matters.

THE NATURAL FEEDING OF CHILDREN AT TERM.



Dr. Perret (*L'Obstét.*) shows how infant mortality is largely caused by gastro-enteritis due to artificial feeding; or, not rarely, to feeding at the maternal breast mismanaged by the mother. Dr. Budin's success in "mothers' schools," where the children are examined and weighed regularly and the parents instructed, has been most encouraging in the Tarnier clinic; not one child has died of diarrhœa since 1898. Dr. Perret has weighed a large number of children born at term and reared by the mothers in the clinic. Each infant was suckled every two hours daily, but only twice during the night. The cases specially selected were infants about 6½ lb. in weight, free from digestive troubles. On the first day the child took nothing; on the second 160 grams, or 15 to 20 grams (over ½ oz.) at each meal; on the third 285 grams, or 25 to 30 grams at a meal; on the fourth 360 grams, or 35 to 40 grams at each meal. In all cases the increase in the infant's weight was steady. The most uncertain factor of importance in these calculations is the percentage of butter in the milk. An examination of the excreta is necessary. If frequent and liquid, the child is taking too much; the same is the case if they contain white lumps—that is to say, undigested milk. If they are scanty and hard the child is taking too little, especially if it does not gain weight. Then it should be fed a little more. It is in less peril than an overfed child, which is always in danger of grave disease of the alimentary tract, even if it gains weight for a while.

PERILS OF SUBLIMATE SOLUTIONS.

An interesting case of toxic poisoning, due to the injection into the uterus of a solution of perchloride of mercury, 1 in 8,000, was recently reported by MM. Boissard and Coudert before the Société d'Obstétrique de Paris. On the tenth day after a normal labour at term the patient had a rise of temperature, so three and a-half pints of a 1 in 8,000 solution of sublimate were injected into the uterus, the same amount of pure water being thrown up immediately afterwards. Hæmorrhage following, the uterine cavity was swabbed and the intra-uterine injection repeated, just as before, a few hours later, except that over five pints of pure water were injected after the sublimate solution. The flooding continued, and caffeine and artificial serum injections were administered. Vomiting and diarrhœa with tenesmus and bloody stools followed. For five days the patient was very ill, complete suppression of urine existing throughout that space of time, excepting when a few drachms of highly albuminous urine were drawn off on the third day. On the sixth the gums and buccal mucous membrane appeared ulcerated, but the vomiting, which had been severe until that date, ceased after free washing out of the stomach. Under appropriate treatment the patient recovered, but it was not until the tenth day that she could pass urine without the catheter and the soreness of the mouth increased, the breath growing foul. The diarrhœa did not cease until the thirteenth day, and it was not until the end of a fortnight that the patient began to rally from the severe debility caused by the poisoning. MM. Boissard and Coudert attribute the very rapid toxic effects of the weak sublimate solution to direct entrance of the fluid into the venous sinuses patulous on account of detachments of fragments of placenta. They believe that with stronger solutions accidents of this kind are rather frequent. Commenting on the danger which exists when perchloride solutions are imperfectly prepared, the *British Medical Journal* says:—"This is especially likely to be the case when compressed drugs are hurriedly dissolved in boiling water, the nurse occasionally hastening the process by crushing the soloid with the handle of a toothbrush or some other appliance at hand. When an imperfect solution thus prepared is thrown into the uterine cavity minute solid particles of perchloride of mercury may enter the circulation, with disastrous results." Surely no obstetric nurse with an adequate appreciation of her responsibilities would work in so haphazard a way. In the first place we may assume that if she hurriedly seized the toothbrush referred to she would be using an unsterile appliance; and secondly, being aware of the danger to the patient of the injection of an imperfectly-prepared solution of so dangerous a drug as perchloride of mercury, she would assure herself that the soloid was thoroughly dissolved. Having regard to the disastrous results which may ensue should a patient absorb so poisonous a drug as perchloride of mercury by the uterine sinuses, a nurse cannot be too careful in the preparation of such an injection.

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