conjectured that if, in addition to that, his breathing had been oppressed by compression of the lungs from air accumulating in the cavity of the pleura, he could not have survived. We may, therefore, look on the escape of air into the cellular membrane, external to the chest, as having been a source of safety—like the steam let off by the engineer, from an overcharged boiler.

In the course of watching the case, we had to keep our minds directed to three distinct sources of difficult breathing: first, the probable effect of the patient's former disease of the chest, of the nature of which we had no exact information; secondly, that which might be the ordinary effect of several ribs having been broken at the same time; thirdly, that which might result from a pull on the air that escaped at the wound becoming confined, and increasing in quantity within the cavity of the pleura, so as to compress and stop the breathing in one or both lungs.

You will have observed that we applied the rib-roller at first, and immediately afterwards removed it; but again, when the patient improved, returned to its use. It is not infrequently found, in cases where more ribs than one have been broken without any lesion of the lung, that the chest-bandage, however applied, with or without pastebond or the like to protect the side, can be borne, and we are obliged to abandon it. This is more likely to occur when there has been previous disease of the chest, old bronchitis, or emphysema, in elderly persons, who are the most liable to have their ribs broken. But, in this case, I was afraid that, if the thorax had been bound firmly, or with tightness sufficient to do any good, two bad results would have ensued: first, it was to apprehended that the pressure directed on the seat of the fracture by the roller would have stopped the exit of air from the cavity of the pleura, and would have interfered with the cellular membrane; and secondly, supposing air had accumulated in the cavity, and caused compression of the wounded lung, the bandage would have had the effect of interrupting the play of the ribs, which is a source of the natural lung, and, by impeding the respiration in the only lung left to perform the office, would have added greatly to the dangers of the patient, suffering already as he did from chronic bronchitis.

About this period, it is right to give a small quantity of pap; namely, white homestead bread (free from alum), scaled or boiled slightly, and sweetened by a small quantity of white sugar. If such bread cannot be obtained, give tops and bottom of roots; or rushes ground to a powder, and watered with hot beef-tea. This will greatly increase the feeding, and give beef-tea and gravy, and, finally, portions of any wholesome food that may be upon the table.

When the teeth appear late, the feeding must also be adopted late.

*Milk must be the food of toothless infants.* Still, after nine months have passed from the birth of the child, although there may be no teeth, a small amount of food may be given; but I should advise that it be in the form of beef-tea. The fibrous nature of beef-tea would ultimately increase the feeding, and give beef-tea and gravy, and, finally, portions of any wholesome food that may be upon the table.

A few words now respecting the sleeping of infants. Infants ought not to sleep in the same bed with their parents: they should sleep in a cot by the side of the bed—one of equal height with the bed. This would save the child from the danger of suffocation, and would prevent it from being injured by the feet of the adult. I think it most comfortable for herself. It is believed that many infants perish, not by being overlaid, but by being asphyxiated by carbonic acid; the child sinking down in the bed under the clothes, and not being able to get up by itself, or by being in such a way as to have the head turned down, on the bed.

The few remarks that I have made contain nothing that is not already known and taught by all medical gentlemen acquainted with sanitary science; but the public are utterly shocked at the heretical nature of the doctrine, and cry out upon its promoters as if they had a design upon infantile life. I have seen so many fine children reared by the suction of milk, and so many children damaged by spoon-food, that I cannot forbear raising my voice a second time, and, by repeating the same doctrine, to enhance its weight in the public mind. I have seen many children cured in this way of syphilis, and also of strumous glandular disease of the abdomen.

If it were not unadvised policy to interfere with the operations of trade—to act on the principle that the public will have nothing that is not generally known and taught—I should recommend that adults in the enjoyment of good health should forego the use of milk, so that babies might obtain an abundant supply of their natural food. There are thousands of babies so small, and under so many circumstances; and in our great cities, the children, that a large supply of cow's milk is needed. I expect that all the cows' milk consumed in this country in tea and coffee would be required for infants, if the milk-suction method of rearing children were exclusively adopted. For my part, I should be glad to see the use of milk confined to infants, to the aged, and to the sick of all ages.

To sum up:

1. The natural food of infants is milk.
2. The natural mode of feeding, in infants, is by suction.
3. Milk must be the food of toothless infants.
4. The teeth are Nature's indices of the masticatory process.

**AN ANALYSIS OF TWO THOUSAND CONSECUTIVE CASES IN MIDWIFERY OCCURRING IN PRIVATE PRACTICE.**

By G. RIDDEN, Esq., Surgeon to the Canterbury Dispensary.

[Read before the East Kent and Canterbury Medical Society.]

I have been induced to communicate the following analysis of cases in midwifery to the Society, not only as giving the result of an individual practitioner's experience of many years, but as affording in some degree a contrast between the statistics of private practice and those derived from obstetric institutions, where the average of bad cases, from the