importance it is to know:—

1. The chemical reaction of the alvine Edischarge—i.e., whether acid or alkaline, and for this purpose I always carry litmus paper with me. If the reaction is excessively acid, we may know it is due to the carbohydrates; consequently the cessation of this class of foods would be indicated; if very alkaline, we may infer at least that this is due to the ingestion of the albuminous foods, and these should be forbidden.

2. The color: If this be green, we may infer that the infant has eaten too much of the albuminous foods, or has taken its milk too fast; consequently the caseine has not been digested, and is an excellent culture-medium for the germs which produce the green color.

3. Odor: If this is scarcely perceptible, or slightly sour, the cause is certainly the starchy foods, while if very offensive it must be due to the proteid foods.

4. Consistence: If the discharge is very thin, with little mucus and no blood, and not very frequent action, this would indicate that the seat of the trouble is in the small gut; while if the consistence s somewhat heavier and the discharge contains mucus with perhaps some blood, accompanied by tormina and tenesmus, the lesion is in the colon. If in the colon, intestinal lavage is indicated with an astringent soluton, such as chloride of zinc or a decinormal sterile salt solution. If in the gut, astringents should be given by the mouth.

5. Digestion: If solid particles are seen we may at once determine what food to withhold,or at least modify the there is a high temperature, it is cer-

6. Constitutional symptoms: If manner of feeding it.

tainly due to the albuminous foods, for the carbo-hydrates do not produce marked constitutional symptoms. Therefore, the indices to the kind of food required are the location of the trouble, the chemical reaction,and the odor.

Foods Are Divided Into Four Great Classes.

two of which only we need consider here, viz., proteid or albuminous, and carbo-hydrate or starchy foods.

In the infant under three months the salivary secretion is very limited, and it is not at all abundant until the seventh month; and, since this secretion does not act on raw starch at all, we may draw our own conclusions. Pancreatic secretion acts on raw starch; but this is not formed in the infant under four months. Therefore, if an infant is disturbed with gastritis accompaned by darrhoea,the action being acid and not offensive, we may be positive that the carbohydrate foods are producng the disturbance.

We may have green discharges after feeding the starchy or proteid foods, because this color, as stated before, is very often due to germ action, and an excellent way to neutralize this condition is by the dilution of food with lime-water. I trust I have now made clear the guides by which we may determine the kind of food indicated. I shall, therefore, first take up the carbo-hydrates and the manner of preparing them.

Flour ball: Put one pint of flour in a linen sack, add enough salt to season, and boil for twelve hours, after which remove the pastry part around the ball and grate the central part, to which add enough boiled water to make it of the consistence of cream, and feed.

Oatmeal or Barley Water.

is made by taking one tablespoonful of either, crushed, to which add one pint of hot water and allow to simmer for thirty minutes; strain and use. The former has slightly laxative properties, while the other is slightly astringent and will aid in more lightly coagulating milk albumen or casene. I thing the best proportion in which to use either of the above waters or plain water with milk is, for the first two months of an infant's existence, one part milk and two parts of water; third and fourth months, one of milk and one of water; fifth, sixth, and seventh months,two of milk and one of water. Great dilution not only aids the natural juices but also aids in the elimination of posons.

Rice grains,one tablespoonful boiled in one part of water for two hours; strain and add one-fourth this quantity of plain milk and one teaspoonful of cream.