

### A Clinical Study of Laboratory Milk in Substitute Infant Feeding.

Louis Starr (*Archives of Pediatrics*, January, 1900). Laboratory milk is theoretically the most perfect substitute for normal human milk, but in his practice clinical experience does not bear the theory out. His results after two years' study of laboratory milk; three classes are made: (a) The satisfactory—healthy children fed from birth with perfect success. Three cases only. (b) Partially satisfactory—cases in which the gradual change in health conditions necessitated a change of food; no active illness was caused. Sixteen cases. (c) Unsatisfactory. The cases are numerous under this heading and result in some acute disorder of undoubted diabetic origin. These disorders are: 1. Acute gastro-intestinal catarrh, indicated by pyrexia, vomiting and diarrhea. 2. Infantile scurvy. This is an exceptional result, but a case is given to show that it does occur.

Numerous cases are given to prove his contention. What is the reason that laboratory milk does not agree? In the process of preparing the milk, the cream is separated and then added to an alkaline solution of the proteids and sugar. In a word, the natural emulsion is destroyed. This in some way lessens the digestibility of the proteids and leads either to malnutrition or to irritative diarrhea.

He gives numerous instances to show that home modified milk mixtures will often agree when the laboratory preparation fails, the reason being that in the home modification the natural milk emulsion is not broken up.

### Chronic Interstitial Nephritis and Arteritis in the Young, and Family Nephritis; with a note on Calcification in the Liver.

Brill and Libman (*Journal of Experimental Medicine*, Vol. IV.). This form of nephritis in children has been overlooked, yet out of 65 cases of nephritis in children, collected by Heubner, four were cases of contracted kidney. He states that there are recorded cases of *post-mortem* reports on 30 cases of interstitial nephritis. The following case was observed by the authors:

Ida W., aged 14. One sister, aged 19, has an advanced interstitial nephritis. A brother, aged 24, has a slight systolic murmur at the aortic orifice.

*Previous History.*—Always weak and undersized; could not run without getting out of breath. One year her face and feet were swollen during the whole winter.

*Present History.*—The day after a fright she had hemiplegia; since then continued headaches. Hemiplegia still present.