

satisfy himself that he has tried every way possible to produce a healthy milk supply and the discontinuance of nursing is itself imperative. The great majority of infants that die before two years of age are bottle-fed, and when there is not enough breast milk or it cannot be made to agree with a child by treating the mother, the use of supplementary food is important. Craige has had some success as a temporary expedient with proprietary foods, especially if the fat content is too high. All mothers dread weaning and the second summer, but it is as natural as the beginning of nursing. The dreaded second summer with the parents should be the "dreaded parents" with the infant, and he mentions some inappropriate foods* that have been found in the weaning diet list. No age limit for weaning can be set, for each infant has a law to itself, but by one year an infant will wean itself if gradually a bottle of milk is substituted with cereals, toast, broth, etc. At nine months, the average infant weighs 17 to 18 pounds, and few months can furnish sufficient nourishment for a child of this size. In most cases, when they attempt to nurse after 7 months, to the exclusion of other foods, they run the risk of grave malnutrition or rickets.

PUERPERAL INFECTION WITH FRAENKEL'S GAS BACILLUS.

Schüler seeks to describe the disease picture due to puerperal infection with the bacillus aerogenes capsulatus. Of special interest is a case of "eclampsia" complicated with puerperal infection. While sewing, a woman who should have been about four months pregnant fell from her chair in convulsions and was admitted unconscious into the clinic. The urine was quite normal. Blood serum hemolytic. Fœtus expelled spontaneously, but placenta could not be delivered save by manual extraction. It was found to be a so-called hemolytic placenta. From the blood a pure culture of Fraenkel's bacillus was cultivated. The woman never recovered consciousness, dying about nine hours after admission. At autopsy there was sufficient evidence of a general and local infection with a gas bacillus. The problem is then to show whether or not eclampsia had ever existed. This must be answered in the negative. There were metastases of infection in the cerebrum to account for the convulsions, of cholemia or nephritis—there was no evidence at all. One might, of course, style the affliction clinical eclampsia—puerperal eclampsia even. But it is evident that such a designation is purely symptomatic and could be so stretched as to indicate a variety of conditions. One thing asserts itself persistently, to wit: some cases of so-called "toxemia of pregnancy" could be brought within the compass suggested by this observation. Some authorities have suggested