

observation, since some children may be able to digest and assimilate a large proportion of starch, while others may require a larger amount of proteids. Bread in the form of dried crusts should be given daily. A peach or a baked apple may occasionally be added to the fare, but very few other fruits are permissible, as they are unnecessary and are apt to give rise to trouble. Chicken and mutton broths should now be given.

Such articles as cake and candy should be excluded completely, not that an occasional use may in itself do any particular harm, but that it perverts the child's taste from the articles of food necessary for its proper nutrition.

A child that has been breast fed, until it has reached this second period, demands close attention in changing to an artificial diet. This generally requires five or six weeks to accomplish properly. The first week the child may have artificial feeding once a day; the second week a morning and evening feeding; a third week alternately with the breast; the fourth week the breast twice a day; the fifth week only once; and by the sixth week artificial feeding is completely in vogue.

If for any reasons weaning requires to be carried out abruptly, the matter of a proper food is imperative and the rules laid down in preceding paragraphs must be followed.

Infants, under suitable hygienic surroundings, if properly fed, although on an artificial diet, should show and do show good development, firm flesh, average strength, good bony growth, normal dentition, and healthy digestive functions, either at the commencement or the end of this second nutritive period.

CONCLUSION: The profession is yet unable to state which is the best modification of milk to be adopted in the manifold instances where artificial feeding is indicated, but it has learned that some such preparation of milk is a valuable adjunct in the case of infants. As in other branches of medicine, each individual under our care requires separate considerations based on the facts of the case. No hard and fast rule can be laid down to be followed explicitly, but rather each patient is a problem by itself.

Some one may argue that milk modification and proper artificial feeding of infants may easily be carried out where one has means and is in touch with a laboratory. I grant you that the uniformity and reliability of laboratory preparations are much to be preferred to home modification, and just as office prescribing of drugs is becoming a practice of the past, so is home modification of milk being replaced by properly equipped institutions, in the larger cities at least. But with an intelligent person, a proper equipment, and a certain amount