

aside in a warm place for an hour or an hour and a half, to keep the milk warm; by this time the milk will become peptonised. When the contents of the bottle acquire a greyish yellow color and a slightly bitter taste, then the milk is thoroughly peptonised; that is to say, that the casein of the milk has been digested into peptone. Great heat or cold will destroy this digestive action, so to prevent all further action, when you think that the digestion has progressed far enough, at once place the bottle of peptonised milk on ice, or into a vessel of boiling water long enough to scald its contents; it may then be kept like ordinary milk.

I have found from experience that it will be objectionable to the child if the bitter taste is at all well marked; the mother, who should receive your instructions, should be warned to frequently taste the milk during its digestion, and as soon as the bitter taste is the *least* apparent, the bottle should be placed on the ice for cooling and use, as in these instances it is sufficient to partially peptonise the milk.

I mention these facts particularly, as, strange to say, I have always failed with it in hospital practice, whereas in private practice I have had some excellent results, owing, I think, to extra care in its preparation.

Whey is another admirable alternative in these cases; it can be made in the usual way by rennet, and afterwards sweetened slightly and given to the child cold or warm as it prefers, in the same manner as ordinary bottle feeding; it may be made with wine and given when there is great weakness, being both nourishment and stimulant. Mothers do not often know how to make wine whey; the proper method is to put the milk to boil and when boiling put a wineglassful of sherry, say to the pint, into it, if the curd does not separate add more wine until it does, and as soon as you notice separation of the curd taking place add no more wine, but let the mixture boil for a time, until the whey and curd have been thoroughly separated, consuming about five minutes. This should be then thoroughly strained. It has been recommended to use lime water in the feeding of infants and young children. I am opposed to its indiscriminate use. I have seen children who could not tolerate even the ordinary weak preparation of the pharmacopeia: undoubtedly at times it may arrest vomiting, as we all know, both in children and adult practice, but I much prefer when it is necessary to use an alkali, and if you use cow's milk raw for a young babe, it is always advisable to see that it is made alkaline, to do it with a small quantity of bi-carbonate of soda.

The food which I have recommended to you above for the weaning of children I am sure that you will find it to work satisfactorily, especially in large cities, where the milk supply is so apt not to be reliable, and on that account so difficult to keep sweet without boiling. I have one word of caution to give you in regard to the use of nursing bottles. They are certainly useful as labor-

saving machines in early infancy, and when thoroughly cleaned and carefully watched are no doubt indispensable, but I have long since come to the conclusion that if you can persuade the mother and nurse to take the time and have the patience to feed a child that is old enough to manage by the cup or spoon, the word *colic* will seldom meet you in your practice. I am convinced that in institutions for foundlings, if it could be possible to discard the bottle, the percentage of deaths would be very much diminished.—*Archives of Pediatrics*.

DANDRUFF: WHAT IT IS, AND HOW TO CURE IT.

By GEORGE T. JACKSON, M.D.

The term dandruff, or dandriff, has often been very loosely used to designate at least four distinct diseases of the scalp, namely; pityriasis simplex, seborrhœa sicca, eczema erythematosum or squamosum and psoriasis, and it is probable that a fifth disease has been included under it, namely, a diffuse trichophytosis capitis. Properly speaking, its use should be limited to that scaly condition of the head which is due to seborrhœa sicca or pityriasis simplex.

Whether these latter two diseases are identical or not is still an unsettled question. By the majority of the German systematic writers they are regarded as one and the same disease, but they present enough points of difference to entitle them to separate consideration. I have here placed them together for convenience, as they give rise to a somewhat similar condition of the scalp, and are amenable to the same treatment. To draw the line sharply between the two is sometimes exceedingly difficult.

Seborrhœa sicca is a functional disease of the sebaceous glands in which an abnormal amount of sebaceous matter of abnormal consistence is secreted by them. This dries upon the scalp, and either appears in the form of thin, fatty plates about the mouths of the hair-follicles, or adheres to the hairs in flakes, or, if of more pronounced nature, heaps up into thick, fatty masses or cakes which cling with a good deal of tenacity to the scalp. This latter form is seen very frequently in children during the early months of infancy. If portions of these crusts or cakes are rubbed between the thumb and finger they will impart an unctuous feeling. The scalp in this disease is usually pale or leaden-hued, and when the crusts are removed shows no tendency to moisture, or else exhibits a fatty, glistening surface upon which the crust is soon renewed. In some cases more activity is shown, and the scalp is hyperæmic. The affection runs a chronic course, is generally quite uniformly distributed over the whole head, but in some cases it is confined for the most part to the edge of the hair over the forehead and to the vertex of the head. Some pruritus at times is present, and sometimes, in consequence of scratching, there