

tate for the removal of tuberculosed cows from dairies. When the agitation was wide-spread legislation would follow. He then moved the following resolution:—"That this meeting agrees to petition Parliament to favour the elimination of tuberculosis in cows by insisting that all dairymen and purveyors of milk shall only be registered as such on the production of a certificate that their cows are free from such disease."

THE ARTIFICIAL FEEDING OF INFANTS.

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In bringing this subject before the society, it is not with the idea of presenting anything new; but, having had some experience with what were--to me--difficult cases of infant-feeding, and realizing how far short of the ideal composition nearly all substitutes for mother's milk are, I have made this section, believing that its discussion will prove beneficial to us all.

The problem of the proper feeding of infants is becoming of greater importance each year owing to the increasing number of mothers who, because of inability or disinclination, fail to nourish their offspring from the maternal breast; and to the fact that the method of wet nursing is not so common as formerly—a suitable wet nurse being generally unobtainable.

Most practitioners agree that the best nourishment for infants is modified cow's milk. Unfortunately, the most approved methods of artificial feeding, such as can be furnished by a milk laboratory, are not as yet within reach of many of us. Rotch, to whom we are indebted for the establishment of the milk laboratory, has demonstrated that it is possible to secure similar results by the "modification" of milk at home.

As the composition of cow's milk differs greatly from that of human milk, the preparation of cow's milk as a substitute food for the infant involves considerable care and intelligence on the part of the mother or nurse. Human milk is a sterile alkaline fluid, varying largely in its composition; cow's milk, by the time it reaches the con-

sumer, is acid and—unless the greatest care has been exercised—crowded with micro-organisms. In order to secure an infant food which in its chemical and physical properties closely approximates average woman's milk, the problem presented is: 1st, how to devise the simplest means of overcoming these differences; 2nd, how to recognize in the various digestive disturbances in the child, which of the elements of cow's milk is causing the disturbance; and 3rd, how to vary the proportion of some of the ingredients—fat, sugar, and proteids—to meet exactly the requirements of the individual infant.

The method of home modification of cow's milk is not free from objections—deficiencies are recognized both theoretically and practically—but its results are far more reliable and satisfactory than those obtained by the administration of proprietary foods. L. Emmett Holt, in referring to these foods, says: "As a class then, infant-foods contain an excess of carbohydrates, and many of them a large percentage of unchanged starch. The proteids, though often sufficient in amount, are chiefly vegetable, and not animal proteids. Without exception, they are lacking in fat, and therefore do not furnish all that the growing organism requires. They should not be used except in those forms of indigestion where we desire temporarily to withhold fat and casein, and to employ as food only carbohydrates. They cannot be used as exclusive foods for any considerable period without disastrous results. Their continued use without some addition of fresh milk should never be countenanced."

To turn, then, to the home modification of cow's milk. Absolute simplicity is desirable in the materials used, and in the method employed.

Cow's milk used for infant-feeding must come from healthy animals—preferably from a mixed herd rather than from a single cow—should be clean, and as fresh as possible. As tuberculosis is more common in Jerseys than in other breeds, the cows should be of a common breed—and such as give moderately rich milk. The milk should be thoroughly strained, and may also be filter-