

fats by emulsifying the fats after proteid digestion in the stomach. This is important because, as Holt shows, the tendency to-day is to give a large percentage of fat, and the fats of cow's milk are more difficult to digest than the fats of human milk. With many infants it is often necessary to begin with an amount less than 2 per cent. of fat, and rarely is it necessary to exceed 4 per cent. There are numerous healthy infants who cannot even digest 4 per cent. of fat at any time, and many who, during the hot weather, do better on a reduction to 3 or 3.5 per cent.

Theoretically, the child under six months, because of the deficiency of salivary and pancreatic secretions, is said to be incapable of digesting starches. Practically, this is not true. Nearly every fluid in the human economy has a diastatic ferment, and, as a matter of fact, the very young infant does digest starch. We have seen too many babies successfully fed on arrowroot to deny this fact. The author quotes Finkelstein, of Berlin, whose experience and general sound judgment are respected by the leading pediatricians of the world, who is emphatic that very young children are capable of digesting starches, and quotes favorable published opinions by Jacobi, Epstein, Schmid, Minard, Keller, Newman, Heubner, and others, while our own Kerley has conclusively shown by his experiments at the New York Infant Asylum that "there is no age limit for cooked starch feeding."

The addition of cereals to cow's milk is not only allowable, but is to be most warmly recommended, not only in older, but also in very young infants. The advantages of cereal modification, in addition to the readier digestion and gain in weight, are to be found in the finer subdivision of the casein in the stomach, in the emulsification of the fat, in the disappearance of soapy and dyspeptic stools, in the proteid-sparing power afforded by the cereals, and finally, in the general increment of growth.

This is the experience of the leading pediatricists of the world. Not every infant, by any means, can take cow's milk, or ass's milk, or goat's milk; but starch foods may be added with benefit to cow's milk in the majority of cases, is established beyond all question, experimentally, chemically and clinically.

Dr. Fitch then considers the practical details of cereal modification, and gives formulas for milk mixtures, based on years of successful use. He gives, also, clinical reports upon a number of cases had with these formulas.

The article is an exceedingly clear and practical consideration of the much-befuddled question of the modification of cow's milk for infant use, and, best of all, it contains usable information.