

as has been shown by Huchard, in the "*Union Médicale*," that digitalis finds its full action when its administration has been preceded by copious bleeding; the aim being to diminish the resistance of the peripheral portion of the circulatory apparatus and the embarrassment of the right heart. It re-establishes the equilibrium between the motive power and the mass to be moved. The therapeutic action of the heart tonics consists in augmenting the contractile force of the heart, and in reducing the volume of the blood by setting up diuresis. Drastics accomplish the latter part by increasing the intestinal secretions; bloodletting does it in a more direct way. Its employment is therefore rational in the treatment of cardiac affections, accompanied by insufficient contractions of the heart; and, according to Bucquoy, it is never in this way the cause of anæmia or irremediable cachexia.

What are the indications for bloodletting in overaction of the heart? In these cases, the heart's action surpasses its aim; the vascular pressure is augmented, and the patient is in danger of congestion, cerebral or pulmonary. The indications are to re-establish the circulatory equipoise. A vein is opened, and the systems are mitigated, to return after the renewed filling of the vessels by interstitial absorption. Shall we repeat the bleeding? Yes, if the general nutrition permits, and if other remedies fail. There is another class of cases—affections of the aorta, including aortitis and aneurysm—in which excessive vascular tension plays a part. Here conservatism is demanded, but there is no particular stage when the measure is specially applicable.

To sum up: Bloodletting should not fall into utter disuse. Weighty accusations have been brought against it, but let us allow only what is confirmed by modern scientific research—namely, its powerlessness in inflammations and in fevers, its dangers in chronic affections, and the obscure rôle it plays in neuroses and in eclampsia; while physiology, in spite of its gaps, teaches the therapist that the blood is always being renewed, that the stability of the circulation is not hindered by a moderate bloodletting, and that although a powerful modifier of the circulatory equilibrium, this agent has no other dangers than those that arise from its over-abundant employment, its excessive repetition, and its inopportune use. Physiology teaches us also that philosophy of this therapeutical measure, around which too much majesty and solemnity have gathered, is found not in systems, but in modest language, "Use, do not abuse!"—*N. Y. Medical Journal*.

THE PROPER EMPLOYMENT OF PREPARED FOODS FOR INFANTS.

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The feeding of infants, which for any reason are denied the mother's breast, has been, and continues

to be, a question of great interest. Even the matter of the selection of a wet-nurse, where both money and opportunity are abundant, is one of the greatest importance, and, as all know, this method of securing nourishment for the child is not free from danger. First, there is often the dread that the nurse will convey to the child some constitutional disease. Then the nurse can hardly be expected to have that watchful solicitude for the child's health which is the peculiar characteristic of its own mother; and the most trusted servants have been found quieting the baby with opiates, and even narcotizing it with alcohol. Again, the nurse who offers herself only on account of the demands of poverty must often leave her own child to be fed artificially, and the question of the importance of infant feeding is only transferred in its application from the child of the mistress to that of the servant. Lastly, in a large number of cases, from want of a wet-nurse, obtainable at any price, or from want of money, the child must be fed artificially.

When the artificial feeding becomes necessary, of what shall the food consist? In this country, at least, we cannot obtain the milk of the ass or even that of the goat, in quantities sufficient to be used by many. I think that all will agree that cow's milk must continue to be the chief source of nourishment for children, and in a recent article in this journal. I endeavored to formulate certain rules for the better care of milk. As soon as the consumer demands it, the dealer in milk will conform to those or similar rules. The result of the application of the rule will not be to injure the trade of the dairyman; but the reverse will be true, inasmuch as his milk will be greatly improved in quality, and will command a better price.

In the article referred to I urged that no milk should be given to the child sick with cholera infantum or other summer diarrhoeas. This prohibition applies to all prepared foods containing milk or to which milk must be added. Recently I obtained all the infant foods I could find in the market, prepared them according to the directions accompanying them, placed them in four-ounce bottles, making a duplicate test for each food, added some of the ferment which I had found would produce tyrotoxin in milk, and kept the tightly stoppered bottles at a temperature of 38° C. for six hours, then tested the contents of each bottle for the poison, and found it present in every one of them. It should be clearly understood here that the poisonous ferment was added to the foods.

This experiment fulfills the conditions which would exist were a child sick with cholera infantum to be fed with one of these foods; provided always, of course, that my theory as to causation of this and kindred diseases in children is true. Some preparations of peptonoids and peptones, treated in the same manner as the infant foods, failed to develop the poison, at least, in quantities sufficient to be recognized by any chemical test. I may add here, that a similar experiment was made with milk which had