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Let F. = required percentage of Fat.

'S. = 'G' G' Sugar.

P. = 'G' G' Proteids.
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E.g., F. 2 per cent. 
$$2-.6=1.4$$
 ounces 16 per cent. Cream. S. 6 "  $\frac{7}{8}(6-.6)=4.6$  drams Milk Sugar. P. .6 "  $6\times4-2=.4$  ounces Milk. 10.2 " Water.

12 ounces.

F. 2.5 2.5 -.8=1.7 ounces 16 per cent. Cream. S. 7 
$$\frac{7}{8}(7-.8)=5\frac{1}{2}$$
 drams Milk Sugar. P. .8  $.8\times4=3.2-2.5=$  .7 ounces Milk. 9.6 ounces Water.

12 ounces.

F. 4. 4-2=2 ounces 16 per cent. Cream. S. 7.  $2\times 4-4=4$  ounces Milk. P. 2.  $\frac{7}{8}(7-2)=4\frac{3}{8}$  drams Milk Sugar. 6 ounces Water.

12 ounces.

For several years I have been prescribing modified milk, and using the Scott formula for introducing various percentages, and believe it to be the simplest formula in use at the present time.

But after all the modification, after one has reduced the proteids to those found in mother's milk and increased the sugar, does it answer the purpose of mother's milk? Scarcely. Is modified milk a success? Yes, certainly, when compared with any of the patent foods which are so conspicuous in the windows of every drug store. Not one of them can replace fresh cow's milk if ordinary care is taken in the modification. Is it satisfactory? Frequently, but not always. Where is the principal difficulty? Without doubt it lies in the proteids. A large number of infants are unable to digest the proteids even if reduced below the proportion found in mother's milk. If persisted in either the infant shrinks in size and weight or it suffers from persistent indigestion, colicky pains, diarrhea, etc., and before long entero-colitis.

Nursed babies, as a rule, increase in weight and plumpness. They seldom have colic, diarrhea or entero-colitis. There must be a reason for this.

Let us look again at the percentage of human and cow's milk, and see if we cannot find another and a greater difference than any of those mentioned.