

be exercised in obtaining a sufficiently weak preparation that the patient's digestive functions may not be deranged.

It is much safer to commence on an insufficient diet and gradually increase the strength up to a point of tolerance, than it is to be forced, from a refractory gastric disturbance, to lessen the strength of the food, perhaps far below what the child ought to manage. The same rule also applies to the amount the child should receive. It is infinitely better for the child to receive a teaspoonful of adapted milk and retain it, than for it to have four or five ounces of perhaps a stronger solution and vomit it.

The quality and quantity of food the child should receive are extremely important matters and many times a person will be provoked by the mother, because she thinks you are giving the infant too little nourishment.

After carefully starting the patient on an adaptable diet, the next problem is to increase the nutriment to the point of tolerance, so as to obtain the limit of success. This requires close observation. The child may not be able to utilise a stronger food, but it may satisfactorily take an increased quantity, while on the other hand the quantity cannot be increased, but the quality may.

Under any condition the increase of either must be very gradual, as the infant's stomach will not tolerate sudden or marked changes in its diet.

The amount of food required by the child should be regulated more by the age than the weight.

Both mothers and physicians are prone to give too large quantities, especially when beginning the artificial feeding. From 500 (20 oz.) to 600 (25 oz.) grammes daily during the first few months is sufficient, if the gain in body weight is normal. Too frequent feeding should also be strongly guarded against. It should be urged upon all mothers and nurses to feed the child at regular stated intervals.

Prof. Czerny maintains that a child should be fed six times in 24 hours during the first week and after that only five times. He says further, that the stomach of a healthy child is usually empty about 1½ hours after feeding and the fact that the child sleeps past this length of time shows:

(a) That the stomach may be empty without causing hunger distress.

(b) That where in cases of disease, digestion is delayed, and hence the next feeding should be delayed, for nature empties the stomach of one meal long before it should receive another.

Excess in the amount of food is evidenced by very much the same.