

publicly sold in the shops and are largely used among the poorer classes. Commonly the brushes that are supposed to be sold with them are seldom used. The committee recommends that "the attention of the society at its coming meeting be called to this matter, in order that some steps may be taken to secure appropriate legislation on the subject." This action is suggested, as it is the belief of the committee that such nursing-bottles are injurious to the public health, being largely responsible for the great mortality which occurs among children, especially in the tenement-house districts. It may reasonably be questioned whether, although the tubed bottles may well be called snake-bottles, they can be banished, for physicians do meet with children who thrive upon food administered through them. The fact is, that the danger for their use comes from the carelessness of the child's guardian rather than from the bottle itself; but bottles without corners and tubes are to be preferred. Valved bottles are liable to get out of order. Pap-cups, if carefully used, are excellent. Prof. Starr (*Med. and Surg. Journal*, December 3, 1887), has suggested a new bottle, called the graduated nursing-bottle, made of transparent flint glass, so that the slightest foulness may be seen. The interior surface is free from angles, and an accurately graduated scale of fluid ounces and half ounces, or tablespoonfuls, is blown in the glass. It is said to be convenient, accurate in measurement, and easily cleansed.

Sterilized Milk.

Dr. Augustus Caille, in a paper read before the Pædiatic Section of the New York Academy of Medicine (*The Dietetic Gazette*, April, 1888), after describing the apparatus designed and used by Soxhlet, by which milk sterilized will keep sweet four to six weeks, gives the results of some experiments made by himself with Soxhlet's apparatus, milk remaining good eighteen days; milk boiled in small bottles for fifteen minutes, and these well corked before removal from the water, the milk remaining good for five days; milk boiled in a pot and put into small bottles after cooling, souring after four days; milk boiled in a pot and left standing in an open dish in a room with a temperature of 75°F., soured in from eight to fifteen hours; and milk boiled in a pot and placed in the ice-box in an open dish, turned in from eighteen to twenty-six hours. He concludes that milk can be sterilized in any well-regulated household; that

boiling milk for twenty or thirty minutes in small hermetically sealed bottles is sufficient to destroy the germs of fermentation; that the ordinary method of boiling milk for infant's food is faulty. The essential utensils are small bottles (5 to 6 oz.) with Soxhlet's combination stoppers, and a tin or galvanized iron tray. This enlargement of the plan proposed by Dr. Jacobi years ago, is another step towards the use of cow's milk for artificial feeding instead of patented baby-foods. If milk can be made to keep sweet for a number of days by boiling, and if the caseous matter can be rendered more digestible by peptonizing, the objections to milk will be largely done away with, and the cost of raising an artificially fed baby will be lessened.

The Use of Kephir as an Infant Food.

Dr. H. Longstreet Taylor (Archives of Pædiatrics, May, 1888), after observing the use of kephir at Prof. Freund's gynæcological and obstetrical clinic in Strasburg, and finding peptonized milk and malted foods unsatisfactory, tried kephir, during his five months of service at the Home for the Friendless Foundlings, among the atrophied children. He claims not to have had a single death from marasmus, but he does not relate how many cases he had under his care. He says that the kephir fermentation breaks up the caseine into flocculent particles, changes the albumen into peptones, and the sugar of milk into lactic acid, alcohol, and carbonic acid gas. A few children refused to take the food. To those who would, from four to six quarts were taken daily. The first effect was a diarrhœa, which emptied the bowels of partly digested material. This was followed in a few days by normal stools. The skin became less harsh and the abdomen less prominent, appetite improved, and kidneys were more active. Increase in weight was slow. When the body filled out, kephir was stopped and other food given. It should not be used if over a week old, and, to infants over a month, should be diluted one-third; in older children, less dilution. In children over a year old, other food may be given in addition. Any physician who has had experience in a foundling asylum or nursery knows how difficult it is to obtain good results with the puny, atrophied infants that are sure to come under his care. If kephir is superior to koumiss, as is claimed, and will answer when peptonized or malted foods will not, it will be a valuable aid to recovery.