

sitive reagents for the quality of milk than delicate infants; they are our expert milk testers." He says it is little wonder that the mortality from infantile diarrhœa should remain to this hour undiminished in spite of the conquests of hygiene in every other direction; for it is but too likely that summer diarrhœa really spells *summer milk poison*. He lays down the following six statements as guiding principles in the milk-supply for bottle-fed infants.

1. There is only one perfect milk for the infant—the *living milk* straight from the breast. This is confirmed by the clinical value of such make-shifts as asses' milk and goat's milk drawn at the infant's residence for immediate use. Among mammalia there is on'y one instance, our own, of any storage of dead milk for the young.

2. One of the perfections of mother's milk is that it is *highly specialised* for the infants. For it there is no complete substitute, and a satisfactory approximation is often difficult to find.

3. *Singleness of supply* is another of Nature's principles. "To each infant its own cow" provided the best cow for it can be found. But in practice well-known objections are apt to arise.

4. *Sustained quality* of the single supply is the most important but the least probable attainment. The quality of mother's milk will often vary, but its fluctuations are human. Those due to bovine distempers are more serious to bear and slower for infants to get over. It may be best to seek safety in numbers, and after all to administer herd milk—on the plan of inuring the infant to constant variety—for in milk feeding, habit plays its part as in the rest of physiology.

5. Again, in its composition nursery milk should be the nearest approach to the maternal. This involves an artificial rearrangement of the constituents of dairy milk, and this is the great principle of *percentage milk*, which Professor T. Morgan Rotch, of Boston, has elaborated and applied.

6. *The sine qua non is absolute freedom from the agents of disease*, whether as in scurvy-rickets they be special to the milk, or, as in tuberculosis and all other infections, imported into it. Absolute safety from infection must be insured in infants' milk at any cost, and by some method which cannot possibly ever fail in the working. An absolutely sterile milk is the only adequate safeguard. But so long as we cannot avoid using dead milk we must be quite sure that it has not lost those qualities of living milk which are essential.

From the special point of view of infants the inherent evils or imperfections are the following: (1) the evil of promiscuousness or supply, (2) the evil of seasonal and alimentary fluctuations, and (3), the evil of health fluctuations in the cow. To these must be added: (4) the prevalent, but avoidable evil of chemical adulteration with milk preservatives. Accidental risks are also ever present—namely: (5) the risk of pollution, (6) the risk of infective contamination, and (7), the risk of fermentation.

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Treatment of Pulmonary Phthisis. At a time when surgeons are devising methods to prevent the occurrence of pneumothorax during operations involving the chest wall, it is interesting to find a physician propounding the artificial production of pneumothorax as a therapeutic agent in phthisis pulmonum. We