

acid has been combined with casein, and foreign protein without addition of more acid will resist the enzyme. Rennin occurs in the stomach after the first few weeks; whether it appears in the first week is unknown.

Clarke in his second paper then reports 122 observations on 24 infants as near normal as possible and varying from 2 to 8 months of age. From those he concludes that:—

1. Motility varies inversely with the concentration of the food, thus more dilute foods may be given more frequently.

2. Lime-water does not reduce acidity, neutralization of some acid being overcome by increased stimulation of acid; the net amount may even be increased.

3. Sodium citrate markedly reduces acidity by production of sodium chloride.

4. Barley-water has no constant effect on gastric digestion.

5. The type of infants with persistent vomiting shows either hyper-acidity or hypo-acidity.

6. Test feedings show to which class a case belongs.

7. Five per cent. solution of milk sugar is the best material for a test feeding. This should be left in for 30 minutes and may be followed by a mixture of milk and water to test the degree of response of the gastric glands.

8. Protein digestion is slight and proportional to the amount of hydrochlorid acid present.

MARTHA WOLLSTEIN. "The Site of Tuberculous Infection in Infants."  
*Archives of Internal Medicine*, April, 1909.

Martha Wollstein publishes statistics on the vexed question of the commonest site of tuberculosis infection in infants. Her figures are based on 185 autopsies on tuberculous infants under 3 years of age and also on other autopsies.

Of all infants under 1 year of age coming to autopsy, 12 per cent. had tuberculous lesions; of those in the 2nd year, 36 per cent. had tuberculous lesions and of those in the 3rd year, 33 per cent. Of infants under 3 months of age 1.8 per cent. had tuberculosis.

In the 185 tuberculous cases 13 had lesions limited to the respiratory tract and only 1 showed lesions involving the intestines alone. Four additional cases were of undoubted intestinal origin while 40 were equally clearly of respiratory origin; 1 was of mixed origin. In 8 cases the mesenteric lymph nodes were involved without an intestinal lesion, but with a pulmonary involvement. Of intestinal ulcers most were in the lower ileum. In the kidneys young miliary tubercles were found in 67 cases, usually in both kidneys. Pulmonary lesions varied from miliary