

in order that the food shall closely resemble human milk. The employment of stale, foul-smelling, partially decomposed digestive ferments, for the purpose of preparing cows' milk for infants' food is condemned. The necessary skill and intelligence required to insure uniformity of result for the extemporaneous peptonizing of milk is rarely to be found in the household, and where this process is adopted, the experiment often turns out to be unfortunate and injurious to the child.

3. As a rule, raw starch is inadmissible in the diet of young infants, because the digestive powers of the infant are rarely sufficiently active to convert crude starch into a soluble form. The plan advocated by some, of adding the starch to the milk in order to mechanically break up the curd, is unphysiological and very objectionable. The products of the complete digestion of starch are glucose and saccharose (maltose), and these, in various forms have been recommended to be used as additions to the milk, under the name of "Liebig Foods." When in excess, these substances cause diarrhoea, and when given alone do not sufficiently nourish the child. Dr. J. Lewis Smith speaks favorably of dextrine, which is a partially digested starch, as a good substitute for glucose and saccharose in such artificial foods. The fact cannot be too strongly insisted upon, which is taught both by clinical experience and by physiological investigation, that the food of either infants or adults, except in special emergencies, should never be fully predigested, for fear of permanently weakening or destroying the digestive functions of the stomach.

4. A great part of the large mortality of infants in all our cities is due to the bad quality of the milk supply, particularly that going to the poorer classes. Professor Vaughan declares that many deaths from so-called cholera-infantum are really caused by milk containing tyrotoxinon. Authorities are almost unanimous upon the point that in large cities, at least during hot weather, all milk for the nursing bottle should be boiled several times a day, in order to destroy ferment-germs. It is better, at such times, that the food should be freshly prepared for each feeding. In some cases, owing to the variability in the quality of the milk supply, it may be advisable to resort, for a short time, to condensed or evaporated milk; in either case diluting and adding cream, or an equivalent, soluble carbo-hydrate, in order to make an artificial breast-milk. Desiccated partly peptonized milk, in the form of a milk food, containing partly converted starch (soluble starch and dextrine), and a small quantity of lactose is a convenient (and when well made, a very efficient) substitute for the mother's milk.

5. Where a child is a premature birth, or is feeble from other causes, as great care should be observed in preparing its food as in prescribing its

medicine. Experience has demonstrated that success in infant-feeding is dependent upon the ability to individualize the patient, and to select the proper food for each case. For very delicate infants the mother's milk is often found not only inadequate to properly nourish the child, but also positively injurious. This is generally admitted where same obvious dyscrasia exists, as the tuberculous or syphilitic. It is a fact that in such feeble infants artificial mixtures can be made which will agree with the weak digestive functions and satisfactorily nourish the child.

### SOME DERMATOLOGICAL DON'TS.

Don't make your diagnosis from the history of a case, because if you do you will often be led astray. Make it from the eruption that you see, and then substantiate or destroy this by the history of the case, if you will.

Don't fail to think of the possibility of every case being either syphilis or eczema; and

Don't fail to master these two diseases as thoroughly as possible; because, if you learn to recognize these two, you will have gone a long way in diagnosis. If they can be excluded, then the field of possible "might be's" is considerably narrowed.

Don't make the diagnosis of syphilis on account of a syphilitic history, because you can often get a history of syphilis in a non-syphilitic case.

Don't expect much, if any, history of syphilis in a woman, because you very frequently will not get it. This is not because they are "gay deceivers," but because in them the early symptoms of the disease are often so slight that they are not observed by them.

Don't throw out the diagnosis of syphilis on account of an eruption itching, because some syphilides, especially the papular variety, do itch at times. The *not* itching of an eruption is better presumptive evidence of syphilis than is itching positive evidence against it.

Don't make the diagnosis of lichen planus from the presence of flat angular papules with depressed centres alone, because identical lesions will at times be met with in eczema, syphilis, and psoriasis.

Don't depend upon getting the bleeding points springing out of the delicate pellicle after carefully scraping off the scales for your diagnosis of psoriasis, because you can produce the same thing in other diseases. In fact,

Don't depend upon any one symptom, but make your diagnosis from the general make-up of the disease as a whole.

Don't forget that many diseases of the skin are dependent upon disturbances in the general health of the patient. Therefore,

Don't fail to inquire into the performance of the