

A child should be fed, after the first month, every two-and-a-half hours in the day, and twice during the night, till by the end of the third month every three hours will be frequently enough in the daytime and one bottle at night.

Too frequent bottles are bad for the infant as they never allow the stomach to have the interval of rest which is necessary for perfect digestion.

Feeding Bottles.—The simplest are the best. A very good and convenient one is the "Allenbury" bottle, made by Allen and Hanburys of London. The teat is large and fastens directly to the neck of the bottle and can be turned inside out for cleaning. At the other end of the bottle is a perforated india-rubber cork which is cleanly and admits the air to the bottle during feeding without any danger of it being sucked in with the milk by the child and thus causing distension of its stomach. A stream of water can be passed through the bottle for cleaning purposes.

The food should not be given too quickly; it can be regulated by the size of the leechbites in the teat; a healthy child should take nearly a quarter of an hour to take a bottle; and during feeding the bottle should always be held in the nurse's hand, and not placed in the cot supported by a pillow as is often done. It is attention to small matters like this which makes all the difference between comfort or discomfort to the child.

The milk as given to a child should never be sufficiently acid to turn blue litmus paper red; if this be the case sufficient limewater to make it neutral should be added.

After each meal the bottle and teat should be well rinsed, first with cold water and then with hot water and a trace of soda, after which they may be placed in cool boiled water till again required.

In many cases of infants who are suckled at the breast it will be found that after about 6 months the breast milk will deteriorate in quantity and quality and it becomes necessary to replace it or supplement it by some other food. If the child is entirely removed from the breast it should take at least $1\frac{1}{2}$ to 2 pints of good cow's milk in the 24 hours; this may be diluted or not according to the power of digestion of the child as evidenced by the stools and the increase of weight &c. If the milk is not well digested, curds will appear in the stools;

the infant's bowels will be irregular; and it will suffer from griping pains and perhaps vomiting. In such a case the milk will have to be given diluted and a small amount of a food such as Mellin's food can be added which will both aid digestion and also introduce more nourishment.

At this age the power of digesting starch has begun, and some form of starch may be slowly added to the milk, but it must be seen that such foods are well boiled in order to break up the starch granules from the less digestible envelope in which they are enclosed when raw. Barley water, Chapman's entire wheaten flour, tops and bottoms, and rusks can be used. Whichever is employed should be well boiled, and made sufficiently thin to pass easily through the teat of the feeding bottle. If the starch is not easily digested, or curds appear in the stools, malt extract or Bynin may be added to the food after it has been boiled, and the food set aside for some minutes till it is cool enough to be given. After the age of six months, five meals in the twenty-four hours will be sufficient, and should be given every three hours between 7 a.m. and 5 p.m., and the final bottle the last thing at night.

(To be continued.)

On the Administration of Anæsthetics to Children.

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A paper by Drs. W. J. McCardie and C. F. Marshall, on this subject, is criticised by the writer in a recent issue of the *Medical Times*.

There appears to be a too-prevalent idea that children are more or less immune to the dangers which beset the adult when under the influence of anæsthetics. It is true that the fatalities and dangers due to anæsthetics are in children far less than in adults, owing partly to certain physiological differences between the child and the adult, and also to the absence of chronic disease of the heart and vessels, the lungs and kidneys, which in many patients renders the induction of anæsthesia more or less dangerous.

The muscular system in children is com-

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