
The Registrar-General for Scotland in the course of his report for the decade 1896-1905 says of the 48,160 deaths registered during the decade 16,876 were of children of less than one year old. The births registered during the period numbered 128,034. The infantile mortality per 1,000 births was then 120. In 1881-1890, the infantile mortality for Scotland was 120; 1871-1880, 122. Thus the infantile mortality during the decade is higher than in any of the previous decades since the Office was founded. The infantile mortality in the principal town districts during the decade was 147; in 1881-1890, 140; 1871-1880, 137, in the larger town districts 134; 1881-1890, 127; 1871-1880, 133; in the smaller town districts 124; 1881-1890, 112; 1871-1880, 118. In mainland rural districts it was 95.
1881-1890, 89. 1871-1880, 91. 1861-1870, 102. 79% previously to 1860. These comparisons show that the rate in the principal town districts then was less than it was in 1871-1880, is higher than 1881-1890. The rate in the large town districts tends smaller than that in 1871 decade is higher than in 1881-1890. The rate in the small town districts is lower than in the previous decade. The rate in the mainland-rural districts is higher than in the 1871-1880 decade in the 1881-1890 decade, but lower than in the 1861-1870 period. The rate in the rural-rural districts is lower than in many of the previous decades excepting the 1881-1890 decade. The conclusions from these comparisons is that the infantile mortality of the country is an increasing quantity. It is partly due to a relative proportion of the population living in the principal town districts, where that mortality is highest; but it is also partly due to a real increase in the number of children dying under one year old.
is my mind the chief cause of the excessive mortality is the absolute ignorance of the persons concerned of the proper methods of feeding the children. It is an unfortunate fact that breast feeding is on the absolute decline in most people seem to prefer feeding the baby solid foods which are largely advertised nowadays.

As regards breast feeding there is no doubt that this is the proper method whenever practicable. The advantage to the mother is shown by the quicker resumption of the uterus with normal size under the influence of lactation, while, as regards the child, freedom from intestinal disorders and evidence of good nutrition from this fact. The advantage is far the infant. These facts being proved, are naturally wonder of so many children are brought up in this fashion. Here one has to differentiate between the upper and lower classes. The latter do not
extent feed their children on the breast. A great many do not because they have to go to their work in spinning or some other business place. Their children also are put on some artificial food. To quote from the British Medical Journal November XI. 1903, p. 130-9.

That infantile mortality is higher in overcrowded manufacturing districts than among the scattered population of agricultural areas is a generally accepted fact. Dumas in a paper read at a meeting ago before the Academy de Medicine in Paris, directed attention to a report by Vairon on the low infantile mortality of the Breton, a French manufacturing town of some 20,000 inhabitants in the department of Saint-Loire. For the last 12 years—1893-1904—there was an annual infantile mortality that was only 1.1%, compare favorably with many agricultural communities, of which the dried chili of Kansas is quoted as an instance. This low mortality is traceable accounting
As variant to the wise philanthropy of Mr. Schneider of Le Crecourt, expressing itself in amelioration of the dwelling and other surroundings of the working classes, provision of water supply also allow the mothers to devote themselves freely to their maternal mission, free to medicinal treatment. Primarily on the predominant influence of the society of these factors, over 80% of the mothers are able to suckle their infants and also to give that care attention which is rarely secured from the hired friend or willing neighbor. From the pregnant woman from the 3rd month onward, classes working under the instruction of a staff of men specially appointed. Thus midwives are educated for maternity and a certain number of premature births—this comfort of puerile infancy—is avoided. The mother is not allowed to resume work without a certificate from a medical man stating that neither her health nor that of her children...
In studying the causes of non-nursing, we may divide the women into two classes: those who refuse to nurse, in whom the breasts are perfectly formed, and in whom the secretion of milk is abundant and normal in every respect, and yet who refuse to nurse their infants. In some instances, good reasons may exist: for instance, where the mother has been the living at some factory or other unpleasant place or whose sleep is so disturbed by the noise of the factory. Again among the lower classes there are women who suffer from nervous troubles, and who, though willing to nurse their infants, are unable to produce the breast. In these cases, however, from using a small pump of the pump, and taking in the vast majority of cases is that the function of nursing is combined with their social pleasures. This is a second class, who, owing to some anatomical defect, are unable
The breast itself. Thus the breast may contain an insufficient amount of secreting tissue or the nipple may be flat or depressed. In many of these cases, the difficulty may be overcome by the exercise of patience and self-denial, especially if the mother is over one year old and has determined to succeed. A deficiency of mother's milk may be supplemented by one or two bottles of humanized milk, and the trouble with the nipple may be overcome by the use of the rubber nipple shield. In a great many cases, however, after two or three days of struggle, all further attempts are abandoned in favor of the bottle.

A third prospect offered by these women, who have well-developed breasts, and who often at first produce an excess of healthy milk, while such a woman is in bed the Hanan abundant supply of healthy milk went all the way back, and as soon as the woman recovered her ordinary duties of life, the milk failed and then
disappear altogether. Some parents can manage quite well if they feed
their children during the day and are able to rest at night. At night, the child
is fed by the bottle. This latter method is quite satisfactory although it is
a very general idea among nurses that while a child is on the breast it will
not yet any stomach.

There is yet another pump, in which
the milk is of such a chemical
composition that it does not agree with
the child. In some instances, the milk
is of a low metabolic value and
deficient in fat. The child does not
seem ill but it constantly crying
and seems dissatisfied. There is little
of any pain and indigestion, constipation
is often present and the stools are
usually hard and firm. In such a
case relief is soon obtained by the
addition of some fat. 20 to 30 drops
of cream may be diluted well into
of the mother's milk, drawn off by the
breast pump, and administered at
the end of each meal. Occasionally
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in the operation of breast feeding, that
we believe assures ourselves that there
is no secondary cause which is
disturbing the chemical composition
of the mother's milk. Sometimes the
mother is in the habit of taking
Kangaroo-jaw, gargaré, or some other
saline purge every morning, and
in the digestive disorder of the infant
are perpetuated, until the morning
shoe is discontinued.

The child should be fed regularly every
three hours during the first three
months of its life. Breast feeding
at 6 A.M. and celery at 7 P.M. If the
child is sleepy, if the feeding seems
slow, it should be wakened up. Tell the
nurse when the other things were
at each feeding time. It is very
difficult to get the mother and nurse
understand this. The child must
be wakened up in order to the feed.
And then very real difficulty is it
to prevent the mother giving Mother
the breast during the early morning
when it cries. The program then

On 10.
Thinks that the children, because it is hungry, have been many very intelligent mothers perceiving in their inconsistencies habit. The result is that the child, yet accustomed to have a drink regal 3 hrs. till stomach does not yet the requisites. The mother makes some of inefficient milk, has an inferior quality of milk.

If any of the above occurs the child must yet the breast, from artificial food must be given. The feeding the well means is rapidly disappearing of the really milk. The will means in the great increase in the breast, the mother seems to lose all responsibility regarding the child's upbringing, as never knows what kind of milk well means employed, etc.

The other alternative in the feeding by one modification from milk alone which finds its stress in this contest.
excellent the childre[n] brought up in the country enjoyed better health than those in the towns. Everyone who has practiced in both country and town are aware that children born or reared in the country are seldom sickly, are in the fresh air and are subject to fewer accidents than those that are not. Many of those who care for the children of the poor are not so many "old women" who do not advise and tell the mother what to do for the child. In the towns to the contrary to children are kept in stuffy rooms, are never taken outside of the house but rarely. Of course this naturally applies to the poorer people.

Artificial Feeding. The improper method of artificial feeding are the causes, in my mind, of most of the increase in mortality. We all admit, when it is upon the way a child is fed during the first year, will decide whether or will properly grow up or not. Improper feeding
will cause a child whose a very
conversable vitality, caused by an
excess of serous fluids, which it may
clear up by: Thus one fruit among
such children a high mortality
from measles, whooping cough, etc.
A healthy child will resist their
diseases quite easily, and not the
more violent and the weaker
laboring persons. In the contrary
will very often succumb to actively
Tuberculosis, etc.

The mystic of their feminism is par
depravity from the Deism and
form just mention a few. These
of fifteen children, from their
earliest days being fed
Anything that is fatty, fowl, poultry
meat, milk, cheese, etc. Most of
The children among the poorer
classes are fed of some such mixture
given them a bottle with a tiny
rubber tube. For such a bottle
I would most emphatically
converse as I think that they
are responsible for the death of many a child. It would make it criminal for anyone to sell such a bottle.

The method of artificial feeding which Mr. H.D. Cautley, M.D. (London), described in the Practitioner, October 1908, pp. 450-461.

It is generally admitted that the best substitute for mother's milk is some modification of cow's milk. It can be put easily and practically feeding can be readily modified satisfactorily.

It is easy to tell whether the food is agreeing with the child. If the child is gaining weight steadily, is passing normal stools, is contented and well, the diet is satisfactory in quality and in quantity. The rate of gain in weight is variable. If the baby gains 5-7 ounces per week during the first three months; 4-6 ounces per week during the second three months; and 3-5 ounces during the third three months of life. When the rate is too low, or an absence of pain, consti-
investigation must be made in search of the cause. Then it may be due to insufficient quantity of food, defect in quality, either of excess or deficiency of one or more constituents, particular rickets, cold weather, insufficient clothing, the thing, onset of illness, etc. The attention of the prospective of the authorities should be concentrated on obtaining a supply of clean, fresh, pure milk, it should not have any of the fat extracted or water added. It should be free from chemical preservation for they simply enable to the delinquent as fresh milk, that which may be some days old. Milk should not be heated, either at the farm or at the before delivery. Commercially the process of pasteurization (heating at 158° F for 20-30 minutes) and sterilization (heating to 212° F for an hour) are often imperfectly carried out. If milk is directly bottled into, if bottlers have been already presurized with no amount of heat milk yields at a safe and satisfactory foodlaw
a sense of false security, is induced by these measures. Both modes of treating the wound destroy many pathogenic organisms and many non-pathogenic ones. Unfortunately, it requires a degree of heat and a length of exposure, which are rarely employed, to destroy the dangerous "heparinizing" organisms described by Hamburger and the power of the deadly bacillus of Friedländer, and of the Bacillus subtilis of Bergey and the Bacillus intolérantis of Klein, some of the most important factors in the production of gynecito enteritis. The comparatively harmless lactic acid bacteria are easily destroyed. It is customary to use heat, as a means of preventing the growth of many of the pathogenic organisms and to its "heparinizing" effects, it makes evident, even to the unintelligent, that "heparin" is visible and unmistakable, that heat prevents it by destroying the lactic acid bacillus, but it does not prevent the decomposition of the fat fraction to which the organisms which can develop.
an alkaline or neutral medium. These changes may not be evident either to the eye or smell. On the other hand pathogenic organisms are more likely to be destroyed by heat than by washing or screening. Boiled milk will sour almost as quickly as undisturbed milk, unless it is handled very gently and kept in the cold. On the contrary, at a temperature of 90 degrees Fahrenheit the rapid growth of undisturbed tuberculosis and other organisms. The best milk supply for infants is the mixed milk of many cows, which are healthy in every respect, have passed the tuberculin test and are fed nutritious food. The mixed milk maintains a steady average composition whereas the milk from one cow is more variable. The maximum degree of variation. All utensils should be carefully cleaned, the milked hands and the tools under the udder should be washed, and the milkers should be done in as clean a place as possible. The milk should be filtered, elevated to a temperature of 40-45 degrees Fahrenheit. The farm and milk room must be kept refrigerated, and deliveries done...
from the udder to the consumer. At the home 
station the milk is kept in the cold and the bottles 
not opened until wanted.

If it is not that the impracticable then 
just milk from a large dairy house a 
day. As soon as delivered put into cold 
ware, cylindrical vessel of jay, covered 
with muslin to keep dust out and keep 
the air away. Place it in the coldest 
available spot, such as a refrigerator 
room. Leave it in the cool cells, 
or in the cold dark of a corner with 
a north aspect. After half hour 
place into and then jay retained for use.

The amounts of constituents of human 
milk are roughly: Protein 2.8%, Fat 4%, 
Lactose 6.6%. Cow's milk has Protein 4%, Fat 
4%, Lactose 4.4%. Finally, the percent have 
milk varies 1-2%, and human milk 
the percent varies 5.5-4.5%. An 
important difference between the 
most plentiful in the relative proportion 
of the two proteins - caseinogen and 
albumin in each of them.
In human milk caseinogen bears, with albumin, a proportion of 1 to 2, cow milk 14 to 1. In practice it is found necessary to dilute cow's milk with about 4 or 5 times its bulk of water in order to obtain with acetic acid a curd like that produced by adding acetic acid to human milk.

Realizing these differences, it is clearly impossible to make, by any process of dilution of cow's milk, a fluid identical in composition with human milk. Apart from the protein difficulty, there are differences in the degree of the fat globules, and possibly differences in the composition of the fats and sugars. Nevertheless, with proper management, the results are very good, and, in front of excellence, are only surpassed by breast feeding.

Preparation of the food. Boil the milk for ten minutes and separate the top milk. The cream has risen to the top; half, while therefore contains about 80% of fat and the normal percentage of protein, before in order to make the appropriate feed for a baby, begin with a weak food.
The dangers arising from insufficient food are unfitted to be compared with those due to unsuitable quality or quantity. For an infant under three months of age, the formula should not at first exceed 1/6. Take therefore, 5 1/2 oz milk, 1 oz lime water, 1 oz water.

Add to this 3/4 oz sugar. The mixture will then contain 1/2% protein, 2% fat, 5% sugar, and is sufficiently alkaline. If the mixture be well digested, the strength can be gradually increased by adding 1/2 oz more milk and omitting 1 oz of water once or twice a week, until the mixture contains of 6 oz milk, 1 oz lime water, 1 oz water, 9 oz. The composition will then be protein 2%, fat 4%, sugar 6%. If more sugar is required, 1/2 oz of sugar is added every 3 days. In making the mixture, the other constituents will remain the same. If more protein and less fat are wanted, 1/2 tsp. two-thousand or three-tenths quantity of salt is added. Then it will clearly seem how easily it is to modify the different constituents as necessary.
Should this milk be heated? As a general rule, if the milk has been kept in the cool, it is sufficient to add the amount of milk for each feed to the necessary quantity of boiled water for pasteurisation or sterilisation. The mixture should be divided into a sufficient number of pieces for the number of. each piece being put in a little stoppered by sterile wool and the whole heated in a suitable apparatus. That is injurious to milk as a food. The hotter milk is heated, the greater is the loss of its antiscorbic properties; the greater is the impairment of its nutritive value; the less readily is it digestible by children. The loss of antiscorbic value can be counteracted by fruit juices. An increase in quantity counter-balances the lowered nutritive value. The loss of digestibility by heating is offset by advantage, to some extent, shown that by heating milk, for varying periods of exposure, bacteria temperate up to 120° C. The loss of digestibility is much increased, even when over the pond, they are soft and pass readily through the pylorus. This is the explanation of the fact that it is possible to feed even very young infants
sterilised milk with impunity. Gastric digestion is improved to the extent that the juice can mix more easily with the uncurdled milk, and digestion becomes more readily interminable.

Human milk must be regarded as alkaline although it has a faintly acid reaction. Milk of cow and milk of human milk is highly acid when it reaches the baby. The addition of an alkaline makes it mild and more analogous to human milk, and by neutralising the acid, renders it more easily coagulable by rennet. Lactic acid causes the formation of tough curd in the stomach. An alkali prevents the formation of this curd, and if added in just sufficient amount, the action of rennet is unaffected. An excess makes something by rennet defective. Thus the effect of adding alkali is much the same as the effect of heat. Digestion becomes intestinal rather than gastric. Lactic acid is instead of alkali and changes into carbonate of soda in the stomach.

The baby should be fed regularly from 6 a.m. to 12 P.M. or from 5 a.m. to 7 P.M. They must not be allowed water. Each feed should take from 15-20 minutes.
Ten feeds daily in first month, at intervals of two hours. 8 feeds at intervals of 2½ hours in second month, 7 feeds at intervals of 2½ hours after this time. After the 6th month, if the child be doing well, the number of feeds may be reduced to 6, at intervals of 3½ hours, and later to 5 feeds at intervals of 4 hours.

**Quantity. A simple and useful table is the following.**

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**First month.**

The quantities are given in Drachms:

<table>
<thead>
<tr>
<th>Weeks of Life</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milk</strong></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Cream</strong></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Water</strong></td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td><strong>Lime Water</strong></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Sugar</strong></td>
<td>½</td>
<td>½</td>
<td>½</td>
<td>½</td>
</tr>
</tbody>
</table>

Instead of the milk and cream, an equal quantity of the left third or fourth of milk, stored in the cold, can be used. During the second month, each feed should consist of 1½ each of top milk and water, 3 drachms lime water, and 1½ sugar. From 2-6 months, each feed should consist of 3-4½ of equal parts of top milk and warm barley water, or like amount of water and lime water.
Instead of the barley water, after their first feed must be increased to 5-6 oz. of the proportion remaining the same.

This diet should suit the average infant, but may have to be modified as the time the child will not suit all children. The quantity and quality of the food vary with age, weight, development, health, external temperature, and over-browsing of the child, just as the milk of different women varies. Into the appetite and digestive capacity of a child,

both the quantity of food and the proportion of milk to diluent have to be increased for many infants. It is astonishing what a large amount of food some need and object. It is equally astonishing what a limited diet others will be satisfied and gain weight, far better than on the side of giving too little than too much. The best cream whey is the home separated skim milk.

Percentage Feeding. A pseudo-scientific system of infant feeding has been largely advocated. It was first introduced in America and arrived in this country ten years ago. In this method, scientific
accuracy in percentage composition is
a great consideration. A prescription for
milk mixture is written and sent to
a milk laboratory, or to one of the big dairy
companies, most of which supply mixtures
in this system. e.g.

R. Albumen: .......... 0.50.
Baseine: .......... 0.25.
Fol: .......... 0.20.
Sugar: .......... 5.00.

Alkalinity 5°p. Heat to 158 °F for half an hour
10 pints of 1 1/2 ounces each.

The mix is delivered in bottles, each
containing enough for one feed, played
with sterile milk. It is delivered once
a day, and perhaps not at all in summer.

It has many objections. It makes
infant feeding appear such a simple matter
that its management passes into the hands
of nurses and laboratory officials and
a new universal food is created. In
my experience, it is not nearly so
satisfactory as home mothering of
milk. From the scientific point of view
it must be remembered that human
milk varies very considerably in differ
women, on the first, second, and third women.at different periods of the day and of the same meal. Surely, nature obviously teaches us that periodicity, regularity, in composition of food is not desirable. To feed an infant on the same amount of food at each meal, of the same composition, subjected to the same degree of heat, and of the same degree of alkalinity, is to treat it as a machine and its餐桌 as a cultus. Special directions are not advisable. They are not of much use. They have practically no nutritive value, they may be of use in allaying the mother's mind as she thinks that milk and barley water is a splendid food whereas milk and water have very little food value.

Sugar. Milk sugar most closely resembles the sugar of fruit. Fresh milk should be used if possible. The only objection is that it is rather expensive to most of people care sugar. There is every little objection to cane sugar if only very small quantities are used. If larger quantities are necessary
Then equal parts of cane sugar and milk sugar will act best.

Feeding during illness. In various disorders of the gastro-intestinal tract etc., it may be advisable to provide barley milk. Weak, yet nutritious, easily digestible foods are often necessary.

1. Whey. This is made by coagulating skimmed or separated milk by rennet. Better not treat liquid rennet because of its variable strengths and the possibility that it may have been made with improper slurry. In the cow's stomach, it seeps out. Whey, a thin watery fluid containing from 0.8–1.0% of albumen and 4.6% sugar. The fluid can be made more nutritious by breaking up the curd with a stick and squeezing it through thin muslin. It is very useful as a temporary food in alimentary disturbances, marasmus and typhoid fever. By gradually adding cream or milk, a return to an ordinary milk mixture can be slowly carried out.

Before making such additions, the whey must be heated to a temperature of 150°. This destroys the rennet, without condensation of the albumin.
2. Peptonised milk is very useful also. It is prepared by the use of the Allchurch or facchetti peptonising powder. At first, it should be peptonised from 20-30 minutes and given diluted with an equal quantity of water. Subsequently, the length of peptonising is reduced as the child improves.

3. Albumen water is a valuable pure albumen fluid, made from half of egg with 6-8 oz of water and a pinch of salt. It can be sweetened by sugar. Albumen water, sugar and cream, made in variable proportion, makes an artificial mixture which resembles human milk.

By the intelligent use of the above foods and the proper cereal decoction, it is quite easy to bring up infants successfully, without having recourse to laboratory mixtures, or many of the health-dealing emulsions, milks, and proprietary foods for human infant, the latter are absolutely unnecessary, and I freely admit, that there are cases of disease in which they are valuable, when used with discrimination by those who thoroughly understand the art of infant feeding.
The Municipal Feeding of Children. A very good account of this method is given in the
Practitioner, October 1903, by T. MacIver.

The organisation of advisory literature has been undertaken by many municipalities.
In Manchester, for instance, it has been the practice for some years for the local
registration to hand out a form, registering a birth, a leaflet containing simple practical instructions in infant
feeding and a similar leaflet has been distributed to every house in the city
four or five times during the last few years. Manchester, too, was the first town
to organise the system of domiciliary visits by health visitor, which has
since been adopted in many other districts. Health visitors are employed
for various purposes, but certainly their

Chief duty is to give, under the direction of
the M.O.H., practical instructions in infant
feeding. Several of our municipalities
have established depots for the supply
of specially prepared milk for infants.
The milk is obtained from specially

selected from and is supplied by the contractors under special precautions. It is guaranteed to contain not less than 3.25% of butter fat, and 0.75% of solid not
fat, and is free from chemical preservatives or other matter. Strict
conditions as to cleanliness in milking, stowage and delivery. Except for a few
weeks in winter the cows live on their own air and
are milked on the field, immediately after
milking. The milk is strained, cooled to
below 40° F. and sent to the depot in sealed
churns. On arriving at the depot, the milk
is again strained, and is then measured,
bottled and sterilized, and cooled as rapidly
as possible in a cooling tank. Each
child receives from 6-9 bottles daily
and the quantity of milk in each is
sufficient for cream and no more.

The bottles are supplied in two baskets,
each basket containing 1 day's supply
and not more than 1 day's supply is sent
out on any one day, except on Saturday,
when Tuesday's milk is also supplied.

The milk is given to the baby from the
depot in the bottle from the
depot.
at the depot and as each meal varies separately, a feeding bottle becomes unnecessary, which alone is no small advantage. The modifications and quantities are set out in the following table:

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>Modification</th>
<th>Meas. per day</th>
<th>Amount in bottle</th>
<th>Amount per day</th>
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<tbody>
<tr>
<td>less than half</td>
<td>milk 1 part, water 2 parts</td>
<td>9</td>
<td>1½ oz.</td>
<td>13½ ounces</td>
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<td>1st month</td>
<td></td>
<td>9</td>
<td>2½ oz.</td>
<td>22½ ounces</td>
</tr>
<tr>
<td>2nd month</td>
<td></td>
<td>9</td>
<td>2½ oz.</td>
<td>22½ ounces</td>
</tr>
<tr>
<td>3rd month</td>
<td>1 part 1 part</td>
<td>8</td>
<td>3½ oz.</td>
<td>28 oz.</td>
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<tr>
<td>4th month</td>
<td></td>
<td>7</td>
<td>4½ oz.</td>
<td>31½ ounces</td>
</tr>
<tr>
<td>5th month</td>
<td>2 parts 1 part</td>
<td>7</td>
<td>5 oz.</td>
<td>35 oz.</td>
</tr>
<tr>
<td>6th month</td>
<td></td>
<td>7</td>
<td>5 oz.</td>
<td>35 oz.</td>
</tr>
<tr>
<td>7th month</td>
<td>milk practically</td>
<td>6</td>
<td>6 oz.</td>
<td>36 oz.</td>
</tr>
<tr>
<td>8th month</td>
<td>unmodified</td>
<td>6</td>
<td>6 oz.</td>
<td>36 oz.</td>
</tr>
<tr>
<td>over 8th month</td>
<td></td>
<td>6</td>
<td>7 oz.</td>
<td>42 oz.</td>
</tr>
</tbody>
</table>

Cream, sugar, water, and a little salt are added to each modification, and the modifications are varied, so far as possible to suit individual cases.

At the Bathesda Depot, special precautions are taken to ensure that the milk shall not be used to the detriment of breast feeding. The milk is not supplied unless the applicant can produce a written recommendation from a
medical practitioner, and every opportunity is taken to impress upon the mothers that the milk, like all other artificial foods, is but an imperfect substitute for mother milk, and that it should never be used in preference to the real milk. The home of the milk consumers is visited by one of the Council's lady inspectors, who endeavours to secure a proper use of the milk, and the mothers are urged to bring their milk periodically to the milk rector. Special attention is now being paid to the past of the work. A room has been fitted up for this purpose at one of the public baths, where the milk is conveyed under the supervision of the M.T.H. When a child is entered upon the depot books, the following card of instructions is handed to the mother:

Batavia Borough Council
Infants' Milk Depot
28, Front Road.

1. The infant's milk supplied by the Batavia Council is intended for those infants whose mothers are not able to feed them. The milk will not be supplied to any
mother who is able to nurse her baby but who refuses to do so. Mothers should make every effort to nurse their babies for at least 9 months from birth. No artificial food can be anything but a poor substitute for mother's milk.

If a mother cannot feed her baby wholly at the breast, she should give the baby as much of her own milk as possible and supplement with evaporated milk. Special arrangements will be made for a supply of the infants' milk in such cases.

2. The charges for a full supply of milk are as follows:

For Children

Under 6 months old, 13 6d. per week or 3d. per day.
From 6 to 12 months, 28 0d. 4d. per day.
Over 12 months, 28 6d. 5d. per day.

For children living outside Battersea, an extra charge of 9d. per week will be made.

All payments must be made in advance.

3. The depot is open from 12 to 5 p.m. weekdays, and is closed on Sundays and between 1 and 2 p.m. on Saturdays.

4. The milk will be supplied in bottles in a basket, each basket containing...
a supply of milk for 24 hours, and each
bottle containing sufficient milk for a
meal and for no more than one meal.

Infants under 2 months receive nine
bottles per day; older children receive fewer
bottles, as they should be fed less frequently.

5. If children are sent for milk, they
must be warned not to tamper with the
stoppers of the bottle, and on no account
to open the bottles.

6. Keep the milk in a cool place.

7. It is most important that the baby
should be fed regularly. The milk should
be given at the following intervals:

For a baby under 2 months old:

Give the milk every two hours in the day,
advancing four hours at night.

For a baby between 2 and 3 months old:

Give the milk every two and a half hours
in the day and once at night.

For a baby between 3 and 6 months old:

Give the milk every three hours in the day
and once at night.

When a baby is 6 months old, the interval
between each meal should be gradually
lengthened, and the baby may sleep.
seven or eight hours at night without a meal.
8. If no improvement shows the bottle be opened
until the baby is nearly asleep. In fact,
When feeding, never place the bottle
and spoon in a basin of hot water for
about five minutes. Then open the
bottle and put in the feed. The baby should
be fed from the heated bottle. In other
feeding bottle may be used.
9. When all the milk in one bottle is not
used, the remainder may be given to the
other children, but it must not be
warmed up again for the baby. Take
fresh bottle for the baby's next meal.
10. No other food should be given unless
ordered by a doctor.
11. Immediately after use, the bottle
should be well washed in clean water,
and the teat should be turned inside
out, and washed in clean water,
and should then be kept in clean
water until it is used for the next meal.
12. Breakages will be charged for at
the rate of 1d per bottle, and damages to
baskets must be made good. All
bottles, baskets, and rubbers must
not returned. The depot will be charged full value.

13. It is important that the child should be brought once a week to be weighed. The depot is open for this purpose on Sundays and Wednesdays from 2:30 A.M. to 4 P.M.

14. The presence of infestations, diseases or defects must be notified at once and at the 11th of the month.

15. The milk is supplied in the condition that it will be used in accordance with the objections previously made. Should the milk be deliberately misused the supply will be stopped.

It is evident that the work of the municipal milk depot is something very much more than the mere handling of sterilised milk over a counter. The depot is not a "milk-shed" but the nucleus for an organisation for the feeding of infants under municipal supervision.

In every large town there should be such a municipal establishment. By this measure we would save many hundreds of children, who render present epidemic one of their parents more and more neglect. The value of this system is clearly seen by the report published in the British
The Medical Journal of March 21, 1906, p. 766:—In his report for the year 1905 Dr. Robertson, M.R.I. Leith, refers to the success of the Infants' Milk Dept. The milk is modified according to the age of the child and particular needs, and is issued daily in bottles, each of which contains sufficient for one feeding. The following statistics, taken from the report, demonstrate the value of the institution:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Number of infants in bottles at the beginning of the year</td>
<td>52</td>
</tr>
<tr>
<td>Number of infants fed in bottles during the year</td>
<td>152</td>
</tr>
<tr>
<td>Total number on books during the year</td>
<td>204</td>
</tr>
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| Number of deaths from all causes of infant mortality in books at the milk depot | 6 |
| Number of deaths from all causes of infants under 1 year in the home (excluding 6m. books at milk depot) | 441 |
| Deaths due to diarrhoea infants in bottles at the milk depot | 3 |
| Deaths due to diarrhoea of infants under 1 year in the home (excluding 3m. books at milk depot) | 437 |
| Percentage of deaths due to diarrhoea of infants in books at milk depot | 1.4 |
| Percentage of deaths due to diarrhoea of infants | |


not exposed and under 1 year in the
bath (excluding the bath at Milk Depot),
on the example of the town is taken from
the town of Saint-Pal-sou-Mey, where
the infantile mortality rate is so high
that for 1,000 deaths at all ages there were
over 500 deaths of infants under 1 year.
During the five years before the foundation
of the "Etude de Lait," in October 1902, the
mortality of infants under 1 year was
218 per 1,000 births. In October 1903, the
infant mortality rate in the whole town had
fallen to 209, and in October, 1904, in
spite of the exceptionally hot summer,
it was 137 per 1,000 births, a
decrease of almost one half.
(Parachute October, 1905, p. 485).

In addition to these measures, I
would strongly recommend the
compulsory teaching of the hygiene
of children and children's diseases
during the last year of the medical
curriculum. I refer to this
subject in a letter to the British
This has not received the attention
from the medical profession which is deserves. It seems to me that you need a working knowledge of any subject. In the subject of children, curing children's diseases, it is that subject. And then remember practice. The first cases one gets are usually three of children, and most from entering into practice. Knowing about this subject, it is true that we can attend a course at the Children's Hospital. But that course is not compulsory, and one may not "take it or not." It is closed with much discussion as to many ear, nose, and throat diseases. If one does take a course at the Sick Children's Hospital, the professor says that we will be told very little about the subject of infant feeding. During the course that I attended there, the whole lecture was devoted to the subject of infant feeding and the duration of that feeding was one hour. Upon the knowledge so acquired we were led to advise mothers.
The proper method of feeding their children.

Another recommendation would be the institution of Popular Lectures, given in the evening to mothers' fathers. These lectures could be made very interesting. I feel quite sure that such lectures would hold extensively, patronised if given in the winter evenings at any rate. The idea is well worth a trial. Another recommendation would be a more extensive use of lady inspectors. These lady inspectors would be trained in their Public health schools to great extent, especially women who have had a special training at some Children's Hospital in a town. They would be under the supervision of a hospital staff or of the M.O.H. Almost would become their appointed lady medical practitioners, to proceed with nurses' lady visitors.

Secondly, also arranged through systematic teaching of hygiene in schools. In this way we could...
taught the principal on the general principles of good health. We would advise them about fresh air, clothing, bathing, etc. Clean, quiet, beautiful, healthy habits. To myself, a young child going home telling her parent that she was going today by her teacher that fresh air was a splendid thing, that daily bath convinced them of good health. Other parents would be proud of their child when their appreciation is following out this instruction. Also when their younger ones grow up become the parents of the future generation and conquer early, see what a tremendous improvement will take place in their homes and careful they will bring up their children in the proper way.

And this recommendation compels the establishment of some sort of clubs, societies where free tickets would be issued to those who could not afford to pay for them, especially for the children. Each one would...
of course be investigated before such a fee ticket would be issued.
Such a fee is very necessary as there are a great many cases which
would need such help.
In connection with the milk depot, some dispensary should be
opened so that in the least indication
of a child not competing any
disease, immediate attention and
treatment would be forthcoming.
I am afraid all these measures called
for drastic remedy measures, and I
have seen too many cases according
to went from such measures
that I think we could be justified
in going on for all such measures.