

Nursery problems.

Contributors

Yale, Leroy Milton, 1841-1906.
Harvey Cushing/John Hay Whitney Medical Library

Publication/Creation

New York : Contemporary Pub. Co., 1893.

Persistent URL

<https://wellcomecollection.org/works/ep9h6xka>

License and attribution

This material has been provided by This material has been provided by the Harvey Cushing/John Hay Whitney Medical Library at Yale University, through the Medical Heritage Library. The original may be consulted at the Harvey Cushing/John Hay Whitney Medical Library at Yale University. where the originals may be consulted.

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

NURSERY
PROBLEMS



YALE UNIVERSITY
LIBRARY

From the Library of
LOUIS S. deFOREST, Y '79

TRANSFERRED TO
YALE MEDICAL LIBRARY

NURSERY PROBLEMS

EDITED BY

DR. LEROY M. YALE

THE CONTEMPORARY PUBLISHING COMPANY
NEW YORK AND PHILADELPHIA

1893

Copyright, 1893.

THE CONTEMPORARY PUBLISHING COMPANY.

RJ61
893 Y

39 F/s

THE collection of "Nursery Problems" herewith offered to the public is made up of contributions to the columns of *BABYHOOD: THE MOTHER'S NURSERY GUIDE*. The inquiries addressed to the medical editor by anxious mothers on a great variety of subjects, with the replies thereto, proved in their printed form so popular a feature of the magazine that a careful selection, it was thought, could not fail to interest and benefit a large circle of new readers. The letters in this volume, it is needless to say, are all genuine, and they will be found to cover a wide range of topics bearing upon the welfare of young children.

TABLE OF CONTENTS.

	PAGE.		PAGE.
Feeding	5	Defects and Blemishes	144
Milk	23	The Teeth	155
Weaning	32	The Eyes	162
Diet	42	The Ears	166
Sleeping	72	The Hair	172
Teething	84	The Feet	176
Hygiene and Sanitation	91	The Care of the Child	180
Constipation	100	The Bath	185
Digestive Difficulties	105	Crying	193
Colds	111	Walking	197
Whooping Cough	116	Questions of Dress	201
Eruptions	119	Traveling	214
Minor Ailments and		The Mother	218
Troubles	127	Miscellaneous	229

NURSERY PROBLEMS.

FEEDING.

Teaching Baby to Eat.

My six-months old baby is a large twenty-four pound boy, who has never been sick and is just as healthy and happy as a baby can be. Two teeth are now through without any trouble, and this leads me to suppose the time has arrived for feeding him, as up to the present he has never tasted anything but milk of nature's own providing. There seems as yet to be no lack of this natural supply, but is not the presence of the teeth an indication that he ought now to be taught to eat? If so, what food ought first to be given him, how often, and in what quantities? By answering the above you will greatly oblige

West Virginia.

AN ANXIOUS MOTHER.

P. S.—Ought little babies to drink water—cold water?

The presence of teeth is not an indication that he ought now to be taught to eat. Inferences from "indications" have to be drawn very carefully, or else we shall overlook very evident counter-indications. If the child were taught to take artificial food his two teeth (incisors) would be of little help to him; he cannot bite liquid food with them, and he cannot chew solid food until he gets his molars. This child's weight and prompt dentition are evidence, so far as they go, of his health and proper nutrition. The question for you to decide is how much longer you can properly nourish him alone. This question you may have to refer to your family physician. When you have decided this you can begin to teach the child to take artificial food as a preparation for

complete weaning. Cool water may be given to babies, but not iced water, as a rule. They often are thirsty and nurse only to quench thirst and not hunger. The quantity of water given at one time should be small.

Small Appetite.

I would like your opinion of a little boy who has always had a very slender appetite. He will be four years old next June, weighs about 40 pounds, is rather large and tall for his age, and has always seemed a remarkably well child. His looks certainly give evidence of perfect health, his bowels are always in excellent condition, and he is generally active and happy. He goes to bed at six o'clock, and usually sleeps until half-past six or seven the next morning.

Occasionally he has eaten two eggs for breakfast with relish, but the occasions are very rare, and after a whole morning's play, or an entire afternoon in the open air, he sits down to a nicely prepared meal with perfect indifference. If diverted by a story, and repeatedly reminded to take another taste, he will for a while eat mechanically, but sometimes he seems too languid (the languor characterizes no other part of the day) for even this effort, and it becomes necessary to carry the spoon to his mouth. He rarely asks for anything between meals, except occasionally a plain sugar cookie. The only thing which he takes with any regularity is a cup of milk three times a day. The only vegetable he will eat is onion. Oysters, soft custard, bananas and oranges meet with more favor than anything else. Candy he likes, but little is allowed and that of the simplest. His food has been the subject of much thought, and variety has been sought. On the other hand, the experiment has been tried of ignoring his apparent reluctance and allowing him to follow his own inclinations, in which case it has seemed probable that he would dispense with eating. The condition seems to have been born with him, as it certainly does not result from any lack of system in his care.

A year ago he was examined by a physician and pronounced in good condition. Could rapid growth be a cause, and if so is there reason for concern? Do you consider it a case for a physician?

Portland, Me.

A NEW ENGLAND MOTHER.

As the case is recounted there is no clue to a cause of the slender appetite. Children, like adults, vary very much in this particular. It is, however, very unusual to find so persistent and marked an indifference to food. If the cup of milk which he takes three times a day is a large one he gets in that way a good deal of nutriment, so too in soft custard, and it may be that he is not so very much underfed after all. The notable point is the indifference. At all events he has, on what he does eat, much or little, gained enough sustenance to grow rapidly, to be "rather tall and large for his age," and to have a good weight also. We should not think that rapid growth would be a cause of want of appetite. It sometimes seems to be the cause of want of strength, at least is associated with it. We do not think it a case for a physician in the sense of thinking him ill. We do think it is, however, in the sense that it is wise whenever a child in any physical way departs from the ordinary standard to have him periodically thoroughly looked over, provided you know any physician who will take the time to do it carefully, and keep a memorandum from time to time. In this way little abnormal tendencies may be recognized and corrected if they mean disease, or their true value be put upon them if they are only personal idiosyncrasies.

Slow Growth.

My baby is between five and six weeks old. He is small, but seems perfectly well, is not thin, has good color and looks bright, sleeps well, has very little colic, and cries but little. We are obliged to feed him on condensed milk. It seems to agree with him and satisfies him. I prepare it by using six tablespoonfuls of boiled water, three of lime-water, one and a half teaspoonfuls of milk, and a little salt. He takes this portion from a cup at intervals of three hours (excepting at night), six times during the twenty-four, making in all about a quart

of the prepared milk. Yet he does not grow. He weighs no more now than when one week old (seven pounds). Since two weeks old he has not been fed after ten at night until three or four in the morning. But I cannot say that so far my efforts in this direction have met with success. He is just as apt to wake at one or two o'clock and protest most vigorously, as to sleep through. I suppose perseverance will conquer at last, but it seems to take a long time.

(1) Now, can you suggest to me any reason why my baby does not increase in weight?

(2) What is the trouble with the night-feeding? Should I try to make him go still longer without food?

I can really think of no reason myself why he should not gain. His food seems to be well digested, he has plenty of fresh air, and in every way that I can think of is well cared for. I am very anxious to rear him intelligently and hygienically.

De Land, Fla.

M. V. B.

(1) As we can understand the case there is no evidence of any fault in health except the failure to grow. The child is still pretty young. It will sometimes happen that when a child is weaned the weight remains unchanged for some weeks, even a month or more, and then suddenly begins to increase. Such cases we have been inclined to explain by the supposition that a certain length of time was required before a child's digestion was equal to the new requirements, if no other reason could be given. We can imagine that such a condition could exist in a child who was artificially fed from the start. It should not be forgotten that growth is usually not a uniform, but a fitful, progression. If the weight is still stationary, we would suggest a food which has been in part already digested. As you are unable to procure fresh milk, perhaps Carnrick's food will be the best for you. For babies as young as yours we think the use of the bottle has advantages arising from the sucking required to obtain the food.

(2) He does not seem to be fed too frequently at night, and in view of his few weeks of age and faulty nutrition, we should not object to his having for a time the extra meal he asks for.

Unusual Hunger at Night.

I am in considerable perplexity, and come to you with my troubles, feeling assured that you can help me. My little girl is nine months old. When she was five months old I was obliged to supplement her natural food; at seven months I had to wean her entirely. As this change had to be made at a season when the thermometer was often in the vicinity of 100° , I hardly dared give her cow's milk, and so fed her for two months partially, and then for two months entirely, on Imperial Granum, prepared with water alone. On this food she thrived finely, and from a rather delicate-looking baby became the picture of health. But now that she is beginning to cut teeth a change has come over her general health. Her bowels seem entirely out of order, being first very constipated, and then moving eight or ten times in the twenty-four hours, the movements being all unsatisfactory in quantity, and generally accompanied with pain. I am now giving her cow's milk, as I was advised to change her food on account of her digestive troubles. The bowels, indeed, seem improved, but there is room for more improvement. Although the milk she has is of superior quality and is given to her undiluted, sometimes even enriched with pure cream, it does not seem to satisfy her as the Granum gruel used to do. Whereas for the period between her fifth and ninth month five meals in the twenty-four hours were amply sufficient, and four often all that she would eat, she now demands a sixth, and that in the middle of the night. This new symptom of her waking at night troubles me a good deal. I can't account for it. Her custom since she was perhaps two months old has been to sleep soundly all night, not waking until the general rising-time. It seems to be hunger that wakens her, for immediately on being fed she goes to sleep. Her habits of sleeping during the day are still, as they always have been, good.

I have written at this length that you might have sufficient data before answering the question of what I am to do about her food. As regards the constipation, I have a horror of physic. As regards

the hunger at night, I have a decided objection to its continuance. She ought to sleep from eight to six, as she used to do.

Mandan, Dak.

PERPLEXITY.

The sooner you rid yourself of your "horror of physic" the better, if you mean by "physic" the advice of a physician. Your child may or may not need medicinal treatment, but that is a point you can only settle by consulting a physician. So far as we can make out, your baby's restlessness and hunger are due to the same cause—namely, indigestion, and probably intestinal irritation of some sort. She needs a carefully ordered diet. Usually a child of nine months does not take undiluted milk of good quality, and the addition of cream was in the wrong direction, unless water were added also. If food is of easy digestion, any lack of richness can be usually made good by greater quantity, but if it is so rich as to be indigestible its richness is thrown away; any increase in quantity only aggravates the digestive disorder, and, on account of imperfect nutrition, may increase hunger.

As to a diet, beyond this general suggestion we cannot advise, because very many points are lacking in the description upon which a physician would depend in choosing the particular method of feeding.

Dr. Page's Method of Feeding.

What do you think of Dr. Page's method of giving infants only three meals in twenty-four hours?

Meadville, Penn.

AUNTIE.

For a month or two an infant in health should have food every two or three hours; the intervals should then be gradually widened, so that by the time it is six months old it should be able to go four or five hours without food, and

even longer at night, which will make in the twenty-four hours perhaps five meals. A young infant ought not to be subjected to the three meals a day of adult life any more than it should be given the food of adults. It is nevertheless true that common practice errs in the direction of too frequent feeding.

A Clear Case of Malnutrition.

Will you please tell me what course of treatment to pursue with my little girl, three and a half years old, whose case I will describe? Until she was nine months old she was an unusually large child, but after that age for some time her bodily growth was at a standstill, and now at three and a half years she is small for her age and so thin that her ribs are plainly visible. Her food consists of mush and milk for breakfast, meat, vegetables and soup for dinner, and mush and milk or bread and milk, plain pudding and often fruit (stewed) for supper. For the last month I have been giving her maltine with pepsin and pancreatine at each meal, but if she improves at all it is very slowly. She has been in the habit of taking an afternoon nap, but so often cried so long on being put to bed, that although it evidently does her good when she does take a nap without crying, I have been in doubt whether or not to continue it.

She is a very irritable child, easily provoked, and has a habit of whining, and everything I use to break the habit has but little effect. I have thought that perhaps her want of flesh and her irritable disposition resulted from indigestion, and used the maltine as a remedy. Will you please tell me if you think she is receiving the proper treatment; if not, what do you advise? I forgot to mention that her weight is twenty-five pounds.

Stockton, Cal.

G. B. B.

There is certainly a lack of proper nutrition, and this is in all probability due to imperfect digestion and assimilation. It would not be wise to prescribe a regimen for you, because this can be much better done by a physician who can see the child; but we believe that her diet should be

made to correspond not with her actual age but with her period of development, which is that of a good deal younger child. The malt preparation is probably useful, and we have no doubt that a preparation of cod-liver oil would be much to her advantage.

Breaking the "Bottle Habit."

Will some kind friend tell us how to cure a child of the "bottle habit?" Although nearly four years of age she still clings to her bottle, and if we wish to spend the day or evening out, that bottle has to go along. Is it good for a child of that age to stick to the habit so? We have tried all manner of expedients without avail.

Saucelito, Cal.

FATHER.

We have seen such cases of late use of the bottle. The habit is of no use to the child, perhaps not a positive detriment to her digestion, but it is a harm to her *morale* to be allowed to dictate to her parents at her age. We have known instances of the parents waiting until the child was old enough to be shamed out of the habit. But there is one simple way, and only one, of breaking the habit—that is to take away the bottle. It will make a trouble for twelve or twenty-four hours, but if the parents do not yield, simply preparing the food and offering it in a glass, at the end of that time it will be taken, sparingly, perhaps, at first, but presently in full quantities. This assumes, of course, that there is no deformity of the mouth, and that the child can drink water. It strengthens the resolve of yielding parents to break every bottle in the house before beginning the experiment. It is better not to begin than to yield.

The Test for Changing to Solid Food.

My baby is fourteen months old, somewhat delicate, inclined to rickets, with bowels disordered all summer. He was weaned early,

because my older children showed similar symptoms, and the doctor thought, as I did, it might be partly due to the character of the milk. He was carefully fed with strained oat-meal and milk, sugar of milk and lime-water added, till hot weather came and diarrhœa appeared, when the physician wished me to change to Mellin's Food, which kept him along till cold weather, when he picked up very rapidly. He has four teeth only. A recent article in the "Mother's Nursery Guide" says, "The appearance of double teeth is the test of changing to solid food." My baby is not likely to have four double teeth before he is twenty months old, which would bring him to another summer—not the time for changes. Then, again, he passes an enormous quantity of water, and keeps himself and his bed sopped, and it adds in no small degree to the work of caring for him, especially in the cold weather. This seems to me reason enough for changing to solid or semi-solid food if it could be done without harm to him. I must soon trust him to other and busy hands, and I wish to make the care of him as light as may be, but consistent with his best good. I should add that he takes nearly three pints of food in four meals in the twenty-four hours, and has nothing from six P. M. to seven A. M., though one might suppose he drank quarts. He shows no inclination to walk.

A DAKOTA MOTHER.

He should still be kept on liquid food, we believe. He takes a small amount of liquid for a child fed on liquid only, and will probably need three pints of milk for a year or two yet for the main part of his daily food, unless he shall have gained a previous power of eating solid food. We think even the inconveniences of bed wetting are light compared with the dangers of putting a child "inclined to rickets" prematurely on solid food.

Probable Overfeeding.

I am an inexperienced mother, and should be very grateful for advice about my baby. Ever since he was born he has vomited a great deal. I gave up nursing him when he was three months old and have tried everything for him, but the vomiting still continues, to an almost unlimited extent. My baby grows steadily nevertheless.

Would you advise me to keep on trying the different foods until I get something which seems to agree with him, or go back to the sterilized milk with water, a little sugar and lime-water, and just endure the vomiting? It occurs from the time he has taken his bottle possibly until three hours after. Is it healthful or not?

New York City.

C.

Vomiting is not healthful. Regurgitation of food, if the amount has been excessive, is not a sign of disease but of a physiological protest on the part of the stomach against such treatment. Just how long you have been trying to get a food to suit does not appear, as the age of the child at the time of writing is not given, and it may be that the child's digestion could be put right promptly by a little medical advice. But on general principles we may say that we do not approve of changing from food to food. The changes are not usually made for any reason except that the present one is not satisfactory. No attempt is made to ascertain *why* it disagrees, nor if the next would probably be better. If we had to try we should expect better success from a good milk mixture, varying the dilutions as indications arose, than from any series of "foods."

Evidences of Overfeeding.

Will you please tell me what to do for a baby that vomits after each nursing?

He is six weeks old, is perfectly well, and is growing nicely. He has gained a pound a week, until the past week, in which he gained but a half-pound. He weighs 15 pounds. He sleeps well during the night. After nursing he is uneasy and then vomits the milk just as he swallowed it. When he vomits again, sometime after, the milk is curdled.

His bowels move two or three times in twenty-four hours. There are whey and curds in what he passes. I nurse him about every two or two and a half hours during the day and twice during the night.

Ought a healthy child to be nursed so? I have plenty of milk and am careful as to what I eat.

Goodenow, Ill.

T. B.

In all probability the child takes more at one time than his stomach can properly manage. You have plenty of milk; the baby has gained at a very unusual rate, showing that he appropriates a good deal of the food. At the same time he shows by his restlessness immediately afterwards that he is uncomfortable, then comes the regurgitation of uncurdled milk, and later, perhaps, a second regurgitation of milk which has been curdled by the proper action of the gastric juice; finally, undigested curds always exist in his bowel discharges.

The giving of the breast for a shorter time at each nursing, and, if your breasts are not uncomfortable, the lengthening of the interval, would be the natural remedy for the state of affairs described.

Feeding at Night after Weaning.

My boy is now nine months old, and gets all his nourishment from the breast. I am very particular about my diet; eat oat-meal, milk, eggs, fruit, etc. He is nursed once in three hours, night and day. Shall I feed him in the night, after he is weaned, and if so, how often?

N. N.

If you have not diminished the frequency of nursing before you begin to wean the boy, you will have quite an undertaking before you. For if you have to prepare food every three hours, night and day, your sleep will be badly broken. It may be, however, that his frequent demands for food are due to the fact that the breast-milk is now deficient in quantity or quality, so that he is not properly fed, and if he gets a full supply of food at one time he may be content

for a longer time. Try to alternate the food with the breast; let him take a good bottleful of the food, and then lengthen the interval after it. We fear that your habit of too frequent nursing will prevent your cutting him off altogether at night at first, but a child as old as he ought to go at least six hours without food at night. If he is fed at the parents' bed-time he ought to need no food till toward morning.

Eating Between Meals.

Will you be so kind as to give your opinion of children eating once between meals—children of the ages of three and seven? Is it not necessary for their growth and strength?

Catskill, N. Y.

YOUNG MOTHER.

"Between meals" is an elastic term, and to give our opinion any meaning we must premise that we suppose that our correspondent means the meals of adults, which in the country are usually about 7 A. M., 12 M., and 6 P. M. These hours make the intervals certainly too long for most children of three years, and probably too long for one of seven. The "between-meal" food, however, should be just as systematically arranged as any other. While it comes between the meals of the adults, it should be a distinct meal for the child. That is to say, however slight the meal may be, it should be fixed as to time and quantity, these being determined by the hours of the family meals and by the amount the child then eats. The kind of food should also be as carefully looked to as at other meals. Promiscuous and irregular eating should not be allowed. Children often ask for food apparently to fill the gaps between games, or when no better amusement than eating presents itself. And the child's demands are often supplied with no greater intelligence; pieces of pie, residual fragments of cake, or "whatever comes han-

dy" in the pantry are given to it. So far as one can judge, it is more frequently these irregularities than the food taken at meal-times that cause the frequent indigestions of childhood. When a child is old enough to have his meals with the adults the "between-meals" should be very light; a little milk, a cracker, or a slice of bread and butter is usually enough. Of course different diet is required for a child of three and for one of seven.

Ten Months' Digestion.

Will you kindly tell me if milk, diluted with one-third barley-water, is enough food for a baby ten months old? She has about 8 ounces of food every three and a half hours.

Also whether bread crusts to chew are good or bad for the digestion? She is greatly troubled with flatulency, and has very hard times with her teeth, having only three at this age. Any advice will be most welcome.

Schenectady, N. Y.

A. H.

The mixture of two-thirds of good top milk and one-third barley-water is probably sufficiently nutritious for a child of ten months. If it gets six meals per diem, it will take 48 ounces, of which 32 ounces, or one quart, is milk. Probably this is enough. The bread crust, if only crust, is admissible for a child to suck. With only three teeth, your baby cannot really chew; any pieces which she may suck off will probably be digested.

Excessive Vomiting of Food.

I.

Will you kindly advise me by what means I can stop my baby's excessive vomiting? Old-time aunties and grandmas tell me that all babies vomit, and that nothing is wrong with Baby, but it seems to me if the food is properly digested it should be retained.

I give my baby (nearly three months old), every two hours, six tablespoonfuls of barley-water and one teaspoonful of fresh condensed milk. Sometimes she seems satisfied and sometimes she does not, but to increase the quantity of food results in something just short of a deluge. Of the six tablespoonfuls she retains about one-half. Her habits are good, and she seems to thrive, her weight being now twelve pounds. She weighed eight at birth. She goes to sleep every night before eight o'clock, and rarely awakens before 5.30 A. M. She is remarkably vigorous and bright, her skin a healthy color, and is in every respect a model baby aside from the vomiting.

I have tried Mellin's and Carnrick's foods. Both had the effect of loosening the bowels, which have acted perfectly since she was born until the past three weeks, when there has been a slight constipation. I am away from home, and, as I cannot seek the advice of my physician, I turn to you for help.

Brooklyn, N. Y.

J. S. R.

The question presents a child of three months that has gained weight moderately since birth, and seems to be in good health except for excessive regurgitation of food. We are not quite sure if the other foods were likewise vomited. Now, while it is true that all babies may vomit, it is not true that all or even most babies habitually vomit; and when this symptom is persistent, it is usually pretty clear—supposing the child to be in good health—that there is something wrong in the quantity or quality of the food, or that there is some indiscretion, such as want of quiet, with or after the meal. Inasmuch as the total quantity given to your child at a meal does not seem excessive, we have to question whether lengthening the intervals slightly, or change of food would be most likely to correct the tendency. The lengthening of the interval is the simplest; this failing, we should be inclined to try peptonized milk.

II.

I come to you for help in the case of my little daughter, aged five months. Let me state first that medical aid has failed thus far to benefit her. Being deprived at two weeks of age of her mother's milk,

the great question was to find some food that she could assimilate. Cow's milk with additions of lime water, Mellin's Food, barley, peptonizing powders, etc, came up in distressingly large curds. Condensed milk was substituted; there was no further trouble from curds, and for several weeks the baby thrived, when suddenly she changed, her stomach seeming to reject every drop of nourishment taken, and her weight decreasing frightfully. My physician then gave her cream and water, not too rich, slightly sweetened with sugar of milk and strengthened with oat-meal water. The little girl is now gaining in strength and length (though there has been no gaining in weight in the past fortnight), weighs 14 pounds and five ounces, and is the "picture of health;" she is very contented, and sleeps splendidly. Yet the trouble remains; she seems to retain almost nothing. Her mother and nurse endeavor to keep her perfectly quiet after each feeding, but without avail; the regurgitation is constant and excessive for certainly an hour after her meal, which consists of ten tablespoonfuls. Can you offer any advice?

E. D. H.

This problem, while much like the preceding one, differs from it in some respects. In the first place, medical aid has been already invoked and apparently freely. We may say frankly that where a physician on the spot has missed the mark, one at a distance is not likely to hit it. But we offer such suggestions as we can. We note, first of all, what is quite common in vomiting of the regurgitative type, that in spite of the seemingly excessive rejection of food a good deal must be retained, for the child gains in "length and strength," and her weight, $14\frac{1}{4}$ pounds, is not bad for her age, five months. A second point is this: The vomiting at first was marked by the presence of very large curds, which were less when condensed milk was used, and it is so with the cream mixture. Now, it is probable that some difficulty in the digestion of caseine is at the bottom of the mischief. The food suggestion by your physician leads us to suppose that such was his opinion. In such a case, if we were convinced that the regurgitation was so great that proper nutrition

was not obtained, we should make a food free from unchanged caseine for a time, which may be done by diluting and sweetening egg albumen, or we should perhaps make a careful trial of Carnrick's Food in some quantities. If it agrees it may be continued for some time. Later—as we have a predilection for milk foods—the change can be made to food prepared with some peptogenic preparation, Fairchild's for instance; but if the child thrives, the change need not be made for months.

Baby's Temptations at the Table.

When is a child old enough to sit at the table with its elders and eat of the same fare (with certain restrictions of course; I don't mean to include condiments), for example, hot muffins, plain cake, soups, fish and vegetables of various kinds? My little girl seems to be getting tired of all the very few articles of food which she is allowed.

A LEARNER.

When we have the choice we think that a child would better not be exposed to the temptations of the parents' table until it is two and a half or three years of age, and we should prefer that it be four years before it is given a general diet as you describe; for instance, ordinarily a muffin is hard of digestion to anyone. We know of no use for cake for children of any age, and vegetables vary from some of easy digestion to some that tax the adult stomach.

Feeding a Premature Child.

(1) My baby was a little seven-months baby, weighing only four pounds at birth, and now at five months he weighs ten pounds. Has he gained as much as he ought to have done under the circumstances?

(2) Since the third month he has been artificially fed, taking ten tablespoonfuls or more at a time of Nestle's food every two hours in

the daytime and two or three times at night. Is he fed too much and too often?

(3) Should he be considered and treated, as regards his food, as a five-months or a three-months-old baby?

Chicago, Ill.

AN INEXPERIENCED MOTHER.

(1) The gain seems very satisfactory, his weight being two-and-a-half times what it was at birth.

(2) Probably you could begin to widen the intervals with advantage.

(3) It is not easy to say for how long and how much allowance should be made for premature birth. We think it safe to make an allowance, gradually diminishing, until the end of a year, and longer if the child is feeble. Your baby at five months, for instance, could be considered a four-months baby, at ten months, as nine-and-a-half. This, of course, is only approximative, and the real guide is the condition as to strength, etc., of the particular baby.

“Sucking Wind.”

Is it possible for a baby to “suck wind” into its stomach from a nursing-bottle? I had always accepted it as an unquestioned fact until, in a recent number of a periodical, I noticed that the idea was ridiculed. Nurses and mothers might be relieved of considerable anxiety in this matter if it could be shown that “sucking wind” is only an “old woman’s whim,” as alleged by the writer of that article.

North Dighton, Mass.

ALICE.

There is nothing ridiculous in the supposition that a child may “suck wind” from a nursing-bottle improperly managed. Cases of air-swallowing by adults are cited in works on medicine. The celebrated French physiologist Magendie made extended researches on this point. He found that many persons had the power of swallowing air, and he learned to do it himself, but gave up the practice

owing to the distress it caused him. "Wind-sucking" is a familiar enough vice in horses. There is, therefore, nothing ridiculous in supposing that a baby with good sucking power might swallow air. How far infants actually do so is another matter; the distinction between a colic from swallowing of air and one from gaseous indigestion can only be made after patient watching of the symptoms. The rule should be: Manage the bottle so that the baby cannot get air from it.

Combined Nursing and Bottle Feeding.

Do you think nursing and bottle feeding together at the same meal bad for a baby?

Clarence, Ontario.

H. L. K. W.

We do not like it, not so much because of the mixing of the two kinds of nourishment, as because, if the breast is not equal to the total feeding, it ought to have the needed rest. Further, the child contracts a bad habit of wanting the breast with artificial food, and weaning becomes difficult. Still further, it is impossible to know just how much a child is taking when this confused method is employed.

MILK.

Pure versus Diluted Milk.

Is it advisable to dilute the milk for a child of two and a half years? It is claimed by my wife that the milk is too rich, and that with a slight admixture of water it agrees better with our boy. I think that since milk is his principal nourishment he ought to have it pure, and that if rich it is all the better on that account.

JERSEYMAN.

The answer depends upon the quality of the milk and the digestive powers of the child. A child of ordinary digestive power can take the milk—especially if warmed slightly—of an ordinary cow undiluted. Jersey milk, with an unusual amount of cream, may be too heavy if pure. But it is always safer to err on the side of over-dilution, and to make up the nourishment, if necessary, by increased quantity.

Oatmeal-Water for Dilution of Milk.

Will you kindly tell me how oatmeal-water should be prepared?
Chicago, Ill.

G. F. H.

If you use oatmeal porridge at breakfast you can make oatmeal-water thus: Of the porridge take as much as you can lift with a tablespoon, put it into a quart of cold water and raise to a boil, stirring to prevent burning, and strain.

If you do not have porridge this receipt will do: Add one tablespoonful of fine oatmeal (steam-cooked is preferable) to one pint of cold water. Stir well and strain off the

water. Boil the water thus strained off until it is reduced to about one-half in quantity.

The water is used to dilute milk precisely as plain water would be.

Proper Dilution of Condensed Milk; the Real Use of Lime-Water.

Nature has deprived me of nourishment for my little one, who is five months old. I have given her Borden's Eagle Brand of condensed milk, properly diluted with water that has been boiled, with a tiny pinch of salt and a little lime-water added to it. These are the proportions: 6 ounces boiled water, 2 teaspoonfuls of condensed milk, a pinch of salt, 2 teaspoonfuls of lime-water. She takes about this amount every three hours during the day and about half the amount once during the night. She weighed 7 pounds at birth, and now, at five months, weighs 17 pounds and seems very strong. Her only difficulty is constipation, which I have heard is a usual occurrence with bottle-fed babies.

(1) Would you continue with the condensed milk, when she has gained so much, and seems so well, and I have used nothing else? If not, what do you recommend that is better?

(2) Am I using the right proportions for her age, and are 42 ounces too much in quantity for twenty-four hours?

(3) Do you think any harmful results may occur from using lime-water in every bottle? If so, how often would you use it? She never has sour stomach, so I do not need it for that purpose, but I have always thought that it aided in "forming teeth."

Yonkers, N. Y.

M. V.

(1) When a child is really doing well we do not advise change even if the food is not what it ought to be. Many children, like many adults, have sufficient digestive power to be nourished by imperfect food. In practice—especially in dispensary practice—condensed milk is often the best food that can be obtained, and its deficiency in fat can be made up by using cod-liver oil, and the sugar deficiency,

which exists if it is properly diluted, made up by adding sugar.

(2) This being the case, it is not easy to say what are correct proportions as regards a food which is admittedly imperfect. Condensed milk which is preserved and canned is inferior to that made by the same makers and sold in many cities from delivery wagons. This last is only a substitute for good, ordinary milk whenever the latter is not to be easily had. We think that you dilute the condensed milk too much for an adequate food; its high dilution makes it easily digested but not very nutritious. By increasing the strength of the mixture somewhat, from time to time, you can increase its nutritive power while you watch the digestion. If you wish to try another kind of food altogether, we would suggest that it be done under the advice of a good physician, who has looked the baby over carefully to see what is lacking in her nutrition.

(3) No. Lime-water is added to milk really for this reason: to give to it the alkaline reaction which fresh human milk has. Cow's milk as sold is usually acid to the litmus paper, not "sour" in the popular sense.

Peptonized Milk.

In the directions for using Fairchild's Peptogenic Milk-Powder I find nowhere a recommendation to boil the milk before mixing it with the powder; is this not often desirable, and advisable in any case?

Two methods are described—that of "humanizing" milk fresh for each feeding, and that of making enough for several feedings in advance. Is there no difference between the two? The saving of time and trouble is certainly on the side of the second.

Is there any harm in the bitter taste which the milk assumes if heated too long or too suddenly?

New York.

P.

It is better, especially in hot weather, to boil the milk on receipt, as it prevents or retards changes.

We prefer the second method—*i.e.*, that of making enough for several meals at one time—because if the preparation occurs every few hours variations of heat and other circumstances are likely to make variation in degree of peptonization. Besides, six minutes seems a long time when the baby is crying for food, and the time is likely to be cut short in consequence.

In the second method of preparation one manipulation may be saved by putting the mixture into a clean saucepan or pail, which is set into the warm-water pail (115° to 120° F.), and the whole covered with a "cosey" or a blanket, which keeps the heat uniform. The vessel containing the mixture can then be removed at the end of fifteen minutes, and the scalding done in the same vessel, and the food is then put into glass. A preserving-jar with air-tight glass top is a good receptacle for it and easily kept clean.

It is of great assistance to use an immersion thermometer, which can be had for less than a dollar.

With regard to the bitter taste we may say: First, it is likely to disgust the infant after a little if it is not very hungry, and it may refuse a part of the meal. Secondly, the amount of caseine in human milk and in cow's milk differs. There are also differences in the two milks about which chemists are not all agreed; but it is in general admitted that human milk has in it more peptone than cow's milk, and it is believed that partial peptonizing of cow's milk properly diluted approximates it to the character of human milk. But it would be overdoing the matter to entirely peptonize the cow's milk, and practically in health it is doubtful if it is well to feed the child on pure peptones; a partially peptonized food is probably better in the long

run. In cases of digestive trouble the peptonizing action may be increased.

One Cow's Milk.

My physician claims to be a reader of all the best and latest medical journals and to know all that is going on in the medical world. He claims that only a few physicians favor herd's milk, and that *all* the weight of authority is on the other side. Can you give me names of eminent men with which to refute this claim? It is a matter of some consequence to me, as he lays any disturbance of the digestive organs to the use of mixed milk.

Oberlin, O.

E. R. A.

If by "herd's milk" you mean the mixed milk of a herd as compared with that of a single cow, we can only say that we cannot recall any one, at least in America, whom we should call an authority, who now clings to the "one cow's milk" theory. Twenty-five years ago we heard it taught. We have taken up such recent books as are lying at hand, but find no one in favor of one cow's milk. We mention two authors, because more widely known than the rest, who express their preference for mixed milk. Jacobi (article "Infant Hygiene," in Ziemssen's *Cyclopædia*, XVIII, 107); Rotch (article "Infant Feeding," in Keating's *Cyclopædia*, I, 338).

Top Milk.

What is "top milk," and how much water should I use with it for a baby three months old?

St. Louis, Mo.

W. S. S.

"Top milk" is the upper half of milk which has been allowed to stand for a time, say three hours. It should be dipped, not poured, off from the under milk. For a baby

of three months at first add as much water as there is milk ; gradually diminish the proportion of water.

Scum on Boiled Milk.

Will you kindly tell me what part of the milk rises to form the scum on the top when boiled, and whether it should be removed or stirred in before feeding to a child ?

Newtown, Conn.

M. E. B.

We do not remember to have ever seen a chemical analysis of this scum, but suppose that it is chiefly the milk albumen and probably some fat mechanically mixed with it by the boiling. Whether it is to be rejected or not is a question of palate. Personally, we throw it out.

A Warning against Sour Milk.

Can you tell me what I can do when the milk sours with which I have to feed my eight months-old child ? My milkman comes at night, and on one or two occasions the milk has been sour at the two o'clock meal the next day. What can I give my child as a substitute when this occurs ? It troubles me when I try to think of what I should do in case of not having any milk. The milk I get is usually very good, and the man who brings it says the souring is caused by some cows going dry. Ought such milk to be used ?

Brookline, Mass.

C. G. D.

Under no circumstances should sour milk be given. During hot weather it is better to attend to the preparing of food and sterilizing of milk as soon as the latter is received. In case of milk souring, if sweet milk cannot be had, we should use condensed milk, or even water gruel, for the day, rather than give any doubtful milk.

The Apparatus for Sterilizing.

I wish to try the method of feeding described by Miss Montrose in the "Mother's Nursery Guide," but have so far failed in my efforts to obtain the "patent corks"—none of the druggists here knowing anything about them.

Will you kindly tell me where I can get all the articles necessary for sterilizing milk, viz., thick bottles which will bear boiling, and "patent corks" of rubber and glass exactly to fit them?

A LEARNER.

The best sterilizing apparatus that we yet have seen is that called the "Arnold." The best stopper is simply clean cotton, absorbent cotton being preferable. If for the purpose of transportation a cork is necessary, one can be prepared thus: Get fine corks with as few holes as possible; cut a long wedge-shaped piece out of the side of each reaching not quite to the top of the cork. The corks can be made pure by putting them into the chamber with the bottles while the steam is generated. When a bottle is taken out a cork may be crowded into the mouth until the slit is closed by the compression. Rubber corks of the same pattern are sold, and common rubber corks are excellent. They can be sterilized, after thorough washing daily.

Bottles for Sterilizers.

Are there no larger bottles made for the sterilizer than those that hold seven or eight ounces? I cannot find any in Boston. As my child grows older he needs more milk, and I should think larger bottles ought to be had to meet this requirement.

Brookline, Mass.

G. H. P.

There are nursing bottles made to hold twelve ounces, but very few children, if any, under a year should have more than eight ounces at a meal. After that age it is better to teach the child to drink from a cup.

If you wish bottles only for sterilizing you can get them of any size at an apothecary's. Very good strong bottles are those used for bottled soda or beer, which, if kept clean, will do very well for sterilization.

Keeping Sterilized Milk in Summer.

Will you kindly tell me whether you think it necessary to keep sterilized milk on ice during the warm weather? Our summers are quite severe at times, the thermometer registering from 80 to 95 degrees in the house. I have never used the sterilized milk before in the warm season, and so I am ignorant as to what I should do. At present, I keep the bottles in as cool and breezy a window as I can find. The milk is thoroughly sterilized, boiling hard 45 minutes, and has never yet disagreed with my nine-months-old baby, who has taken it almost since birth.

Macon, Ga.

L. W.

Milk which is thoroughly sterilized and thoroughly well corked need not be iced. In fact, so far as its sterility goes, it ought to stand anything so long as the bottles are tight. When milk is only partially sterilized or imperfectly corked, or in any way neglected in the preparation, of course this remark will not hold.

Does Sterilized Milk Constipate?

Are there not cases where milk sterilized will produce constipation?

Minneapolis.

A. R. W.

Yes, practically. That is to say, the milk, having been rendered unirritating by sterilization, no longer stimulates the bowels to the degree that raw milk does, and is constipating in the same sense that white bread is constipating as compared with coarse bread. To speak more accurately, we

should say that sterilized milk was not laxative as compared with uncooked milk ; and so some infants become, temporarily, at least, more constipated than before.

A Case where Sterilizing is Unnecessary.

My boy of eighteen months, who weighs over 26 pounds (without clothing), is still taking sterilized milk with his Mellin's Food, supplemented by a little strained oatmeal and bread and butter. How much longer is it desirable to sterilize the milk ? He has twelve teeth and seems very well.

Aurora, N. Y.

G.

If the milk you have is of good quality, we see no reason for sterilizing it any longer.

WEANING.

Age for Weaning; First Food; Learning to Drink Milk.

My baby boy is eight months old. He seems perfectly healthy, with the exception of being constipated, though that trouble appears to be disappearing gradually. I have nursed him entirely, and thought of doing so until he was a year old.

(1) Would it be better to wean him at nine or at twelve months?

(2) With what would it be best to feed him? I thought of using sterilized milk, but do not know how much to give him nor how much to dilute it, nor whether to put in lime-water.

(3) Would it be better to teach him to use a bottle or drink from a cup? He drinks water from a cup very well now.

(4) How soon before weaning him entirely would it be best to give him cow's milk to get him accustomed to it.

Augusta, Me.

A GRATEFUL MOTHER.

(1) If you have plenty of milk of good quality you may nurse him until twelve months. If not, you may wean at nine months, or at any time thereafter.

(2) At twelve months he will probably do well on diluted milk, beginning with half water or, still better, barley-water and strengthening the mixture very soon if it agrees with him. The lime-water would be useful but is not necessarily called for.

(3) To drink from a cup.

(4) A month probably will give him sufficient preliminary training.

A Question of Weaning before Summer.

When should my baby be weaned? His two older brothers were fall babies, and nursed ten and eleven months; but this one came in May, is a plump, healthy, nine-months-old boy without a tooth to be seen, though there are signs of their speedy coming.

My supply of milk seems plentiful and nourishing. He eats six times in the twenty-four hours—once in four hours—regularly night and day (is that too often?); and if it is best while he is teething, I can probably keep tolerably strong and nurse him through September, though it is usually quite a tax upon my strength. We shall be in the country during July and August, where good milk from one cow could be obtained.

Have I explained to you clearly enough, so that you can advise which is safer for my baby?

Elyria, O.

M. D. M.

It is probable from what you say that Baby already needs more than you can give him. At nine months six nursings in twenty-four hours is rather more frequent than is necessary, but is not excessively so. You cannot, in all probability, carry him on the breast alone until the end of September, and you would better begin to give him some artificial food very soon; it is quite probable that before June he will have weaned himself.

Time for Weaning; First Food.

My baby is nine and a half months old, has two teeth, just through, has always been well, except an attack of tonsilitis which he nursed from me, and has never been fed except from the breast. He is strong, weighs 23 pounds, and will walk beside the chairs or push one across the room. He has been fed on time and not been given patent medicines of any kind. He nurses now only once in four or five hours.

(1) Do you advise weaning him before warm weather?

(2) Shall I feed him some milk, diluted with water, one part to three? If so, how many times a day and at what hours? He nurses now at 8 or 9, about 1, 5 and 9, and once or twice through the night, I am sorry to say.

Springfield Mass.

C. B.

(1) Yes.

(2) One part of water to three of milk will probably agree at the age of eleven months, in the case of your child. Give at as regular hours as possible, say at 7 and 10 A.M. and 1, 4 and 7 P.M., and a night bottle if necessary. Give food blood-warm, of course.

Dropping the Night Meal.

At what age and how can a baby best be weaned nights? If he wakes up and wants the bottle should he be allowed to cry?

Providence, R.I.

A. E. R.

At six months usually, by eight months pretty certainly, a child can go from, say, 10 P.M. till early morning, and would better do so. There is only one way to accomplish this. Arrange the day's meals so that the last comes at or about 10 P.M. Then if food is cried for give drink and get the child to sleep without feeding. If it will not go to sleep wait till considerably after its usual time before feeding, and each night make the hour later until your set time is reached. Usually two or three nights at most win the battle. Most of the difficulty comes from the vicious habit of feeding a child whenever it cries, until it comes to feel that it cannot become quiet without the breast or bottle, when over-feeding may be the real cause of the restlessness.

Preparing for Weaning-Time.

My baby is just ten months old. He nurses on waking in the morning, at noon (when he has a nap), at half past six (when he goes

to bed), and on waking in the evening. During the day he takes about a pint of milk and a slice of bread. He will not eat oatmeal.

(1) What shall I give him when he is weaned in April?

(2) And how get him to sleep? He goes to sleep nursing now. If he rouses in the evening and I go to him, I lie down beside him, and he puts his arms around my neck and goes to sleep. If the nurse has care of him she rocks him, or if his father, he walks with him. Neither of us can get him to sleep in the way the other does. He seems to understand perfectly what is said to him, and obeys "No, no!" as well as he ever will. I should like to feed him and put him to bed awake.

(3) Will there be any danger of his hurting himself if he cries quite hard at first?

(4) Can he go from his bed-time till six in the morning without being fed?

(5) He is very anxious to walk; is continually climbing up by chairs and pushing them along. But his right ankle bends in a little sometimes. I find also that it does not feel as large or as strong as the other. What can I do for it? He weighs twenty-one pounds, has never been sick, but has been constipated several times from my getting overtired or sick.

New Bedford, Mass.

W.

(1) If he takes a pint of milk daily and a slice of bread he is already well on toward weaning. The best plan will be to begin now to substitute warm milk and water for one nursing, and gradually diminish the times of nursing until he is entirely fed. He is at present too young to live on undiluted milk, and even when he is weaned we think it would be better to have a little water in the milk, if the milkman has not already saved you the trouble of watering it. The bread ought to be thoroughly chewed, not softened in milk and washed down, as the saliva should be thoroughly mixed with the bread to insure its digestion. If he has no chewing teeth we do not think bread an advantage to him. After he has been weaned his diet should be chiefly milk and cooked cereals. He may then relish even the disliked oatmeal.

(2) The child, having been used to have some accompaniment to his sleep-going, will, of course, resist any change in his routine. If a child falls asleep on the breast there is no help for it; but the breast should never be used simply to put it to sleep. When the time of weaning comes you will have to tax your ingenuity and patience to overcome his habit; but if you carry out the gradual weaning suggested, sucking and sleep will not be so closely associated as hitherto, and the problem will be by so much the easier.

(3) Probably not. The only danger is in children who have a tendency to rupture. If you are in doubt, have the baby examined by your physician; but usually a hearty cry is not dangerous, though trying to the listening parent.

(4) Probably he can if he is not put to bed very early. If he is, give him food at your bed-time.

(5) Watch the ankle and discourage the standing as much as you can. If he persists, get a shoe with stiff piece in the counter to support the ankle, and if the trouble continues ask medical advice.

Systematic Weaning.

I apply to you for advice in regard to *systematically* weaning my baby. She is now ten months old, well and hearty and plump, though having as yet no teeth. She never has been fed at all, nothing except water ever being put into her mouth. A chicken-bone or a crust of bread she often has to play with, but that can hardly be called food. There is still an abundant supply at "Nature's fount," but I would prefer to wean her as soon as settled cool weather comes. What should she have to begin with, and in what quantities?

Buffalo, N. Y

INEXPERIENCE.

Although there are exceptions, a child can usually be successfully weaned with no great difficulty if the mother simply persists in her purpose. The infant, of course, does

not enjoy the change, and the greatest obstacle to the weaning is the mother's natural desire to yield to the little one's importunities. As a contrast, it is interesting to study the skill with which the domestic animals wean their young at the proper time. In the weaning the welfare of the child is, of course, the prime consideration, but the mother's comfort should not be overlooked. For the latter reason, if the supply of milk be still large, the abrupt cessation of nursing may be undesirable, owing to the distressing filling of the breasts.

It is assumed that the weather is settled and that the child is suffering from no ailment of moment. It will much simplify matters if the mother has a trustworthy assistant who at first can attend to the feeding, as the child will not then be constantly begging for the breast, and, if hungry, will probably take the food prepared for it. The mother should keep out of sight, and, if possible, out of hearing. The food should be given at the usual hours for nursing, and the quantity should be as nearly as possible the same as that taken from the breast. The amount taken from the breast at a nursing is determined by careful weighing of the child just before and just after a suckling. The weight gained in ounces represents practically the same number of fluid ounces of milk taken. If the amount is not known, the bottle may contain at first about a gill, and if it should prove to be not enough more can be prepared for the next time. The food should be freshly made each time and given at blood-heat. The particular kind of food must depend upon circumstances. Where good cow's milk can be had it should be the basis of all baby's food. As to what should be mixed with it, different persons naturally differ slightly. Our own preference is for barley-water to dilute it and sugar of milk to sweeten it. Usually two-thirds milk and one-third barley-water will do to begin with. As the child

grows older and stronger less dilution is necessary, and the change can be gradually made. If the child's digestion is delicate the milk may be peptonized with benefit, and by some of the methods a liquid very closely resembling human milk may be obtained. If, however, a healthy child is old enough to be weaned, this precaution is rarely necessary.

The various "foods" have their value chiefly in towns where absolutely good milk is hard to procure, or in exceptional cases where milk is not borne well. As the child grows older some farinaceous food should be added to its milk; and we think nothing is better suited to general use than barley, properly prepared.

Partial Weaning at Ten Months.

I would like to know what is the best dietary for a baby, ten months old, who up to the present time has been nursed solely and is a strong, healthy child, with apparently not an ache or a pain? He has six teeth, and seems to want to eat when he sees others eating. The nursing is telling on me somewhat, and I fear the child may need something more, he is so active. I shall be deeply indebted if you can tell me of some reliable infant's food to use, or give a dietary suitable for so small a child. I am inexperienced, as this is my first baby, and above all wish to avoid any experiments.

Fort Totten, Dak.

S.

With a child of ten months, and with cool weather—which does not favor bowel troubles—coming on, we should not try a "food" at all if good milk can be obtained. He probably would do perfectly well if you began to give him, instead of one of the nursings, cow's milk and water, equal parts, of about the temperature of breast-milk. It need not be sweetened unless you chance to have sugar of milk, in which case a very little may be used. If it is well borne you may at his age quickly diminish the amount of water to one-quarter. Then substitute the milk mixture for two

nursings, and so on, and in two or three months he will be fit for complete weaning. Do not let him eat at first, or at most let him suck a hard crust or a piece of roast meat or steak. As far as possible do not let him "see others eating," for if he is at the table he naturally wants, and you are naturally tempted to give him, things quite unsuitable for him.

Dislike for Milk.

How shall I wean a baby of thirteen months who refuses milk alone or with oatmeal-water? His four teeth have white spots on them and little pieces crumble off. Would lime-water be good for him? His brother three years old has very poor teeth, caused (I think) by eating at one year by grandma's advice anything on the family table. I wish No. 2 to have better teeth if possible.

Paducah, Ky.

AN ANXIOUS MOTHER.

There is no way of weaning a child who does not like to take artificial food except simply to wean him and meet the domestic disturbance which for a time will ensue. As it may be that the child's dislike is not for food, but simply for milk and its compounds, it might be worth while to try a food that can be made without milk, such, for instance, as Carnrick's. If this is not taken, the best way would be to entrust the child for a few days to some other member of your family—if there is one—who will take entire care of him, while you keep out of sight, so that the child may take food if hungry and not be always tantalized by the sight of you.

The bad teeth of the other child may be due to the cause assigned, *i. e.*, unsuitable diet, producing such a state of digestion and nutrition as will destroy the soundness of the various tooth structures. But the cause may be further back; it may have existed at the time the teeth were form-

ing in the gums. Again, peculiarities of teeth are due to hereditary influences ; the parent's second set may be good, but the first set may have been a counterpart of the child's. We do not suppose that the minute amount of lime in lime-water would have any marked value. It is a useful drug when the stomach is acid or when the stools are loose and sour.

Giving the Breast to a Child Seventeen Months Old.

My baby is seventeen-and-a-half months old and has thirteen teeth, having recently cut a stomach-tooth. She has an eye-tooth nearly through and the other stomach-tooth coming. Should I wean her now or wait for these teeth ? She weaned herself once for three weeks, but when that stomach-tooth came she was pretty sick and cried for the breast, and has had it ever since—a month. She seems to be having no trouble with these teeth, and I don't know whether it is because she is nursing or what. If I wean her now she might cry for the breast again when the teeth become painful, as she did before, and I would dislike to deprive her of her only comfort when sick ; and still if I wait it may keep me nursing her till June. One doctor says, "Wean her now." Another says, "No! she needs the nurse very much at such a time." I am anxious for your opinion.

Cleveland, O.

M. W. C.

The child ought not to have been put back upon the breast, for a breast so old as seventeen months is rarely of much use to the child, except to amuse it. The child probably needs other nourishment. We should much prefer to wean such a child and to give it suitable food. It would, if so fed and given a proper amount of drink, in all probability be just as contented as with the breast. Proper medication will quiet the restlessness of the child better than an over-worked breast.

Refusing to Take Food.

I have a little daughter who will soon be one year old, and who weighs but nineteen pounds. All my friends exclaim at her smallness, and I write to ask if you consider her so much undersized as to cause alarm. She seems perfectly well and fairly plump, only so small. I still nurse her, but fear that, while my milk is sufficient in quantity, it may lack in nutritive properties, so I have tried to feed her, but she absolutely refuses to take anything but the breast. I have tried milk and water, Mellin's Food and preparations of cereals, but cannot get spoon or bottle between her lips. She drinks nicely from a glass when thirsty for water, which is but seldom. Can you advise me what had better be done to induce her to take food? Would you starve her to it? It is not that she dislikes any particular kind of food but *everything*. She fights against medicine, whether liquid or in powders, in the same way, and against water unless very thirsty. I am worried about her size, and would be very glad if she would take food which would increase it.

A PERPLEXED MAMMA.

If nineteen pounds is the actual net weight of the child she is not very small. If her clothing was included in the weighing the real weight is a matter of surmise. At a year old she ought to be weaned, and she will, under the pressure of hunger, take food. Many children, whether suckled or not, have the same dislike to change that she has, and will insist on being bottle-fed, for instance, until they are three years of age or older. The "absolute refusal" of an infant to take food amounts to little. Absolute patience and insistence on the part of the mother are sure to win. The point is therefore to choose a good food—good milk and water is as good as any for a healthy child—and adhere to it unless you have reasons to believe that it disagrees. Simple reluctance to take it is not enough. You will save yourself trouble and anxiety if you can get some proper person from whom this child will not expect breast-milk to superintend the weaning.

DIET.

Weight and Food at Fourteen Months.

My little boy is just fourteen months old and weighs 25 pounds.

(1) Is this sufficient weight for his age? Until eight months old he was very delicate, but since then he seems strong, except in muscular power. He can pull himself up to a sitting posture, or roll over and over on the floor, but neither creeps nor stands. His food consists of one quart of milk daily and 2 tablespoonfuls of Ridge's Food, with an egg for dinner. He has only five teeth through, but is cutting three more. Lately he has quite lost his appetite for all the solid food, but will drink as much as allowed.

(2) Will it be enough nourishment if he takes only milk till his appetite returns? He sleeps very well, rarely waking from 6 P. M. till 6 A. M.

Norwich, Eng.

AN AMERICAN MOTHER.

(1) Twenty-five pounds is sufficient weight for fourteen months of age, not far from the average.

(2) The milk will be quite enough in all probability. He has had the egg considerably earlier than we think is judicious for most infants of his age.

Change from a Purely Milk Diet.

My baby is nearly nine months old, and has been fed exclusively on a diet of top milk and water. I take the top third of the milk after letting it stand twenty-four hours, and at present am diluting it with almost half water. The milk is very pure. I do not sterilize it, and it seems to agree perfectly with the baby.

(1) How soon do you think he will require other food than the milk?

(2) What should be the first food given him?

(3) How soon would you advise me to stop using the top third and to give him ordinary milk undiluted?

He has never yet tasted anything but milk, and his digestion is very good. But I fear he needs some other nourishment, and do not know what he ought to have first. He is perfectly well, weighs 19 pounds (without clothes), and has five bottles during the twenty-four hours, at 6.30, 9, 12, 3 and 6.

Norristown, Pa.

B.

(1) He will not really require anything beyond milk until after the summer, but he will need a larger proportion of milk in the preparation. Begin to increase it gradually now.

(2) The food can be further strengthened by the use of barley-water or oatmeal gruel in place of water, which change may be made directly. How soon he can have any cereal preparation thicker than gruel, and when bread crust and the like, depends upon the development of his teeth. Other things being equal, it is fair to assume that the digestive organs are proportionately developed. A child without chewing teeth (molars) can get little good from any solid food.

(3) Ordinarily, a child of a year or a little more can take pure milk, if given warm. Some need slight dilution for some time longer, and if there is a tendency to throw up curds, or if they are visible in the movements, we should continue to dilute the milk until the hot weather is past.

Changing from Lacto-Preparata to Cow's Milk.

Will you be kind enough to advise me about feeding my baby? She is now seven months old and had nothing but breast milk up to four months, but has had since then two bottles of Lacto-Preparata extra in the twenty-four hours. She has been perfectly well and strong, with the exception of a little constipation at times, but shows no signs of teething yet. I am anxious to put her on sterilized cow's milk

soon and would like to know the proportions of milk, cream and water you think desirable at her age, and also if you would approve of strained oatmeal gruel, instead of the cream.

Columbus, O.

AN ANXIOUS MOTHER.

If the Lacto-Preparata agrees now we do not see any reason why you may not continue it for a while yet; but if you prefer to go to cow's milk and oatmeal you can safely do so, and at the age of weaning cream preparations are not necessary as a rule. If you have your own cow, and can control your own dairy, we do not know that it is necessary to sterilize the milk.

Cereals Suitable for Baby Diet.

Could you give to us young mothers the names of cereals suitable for baby diet, and let us know of them under three headings—laxative, neutral and binding? It would be such a help in governing Baby's bowels by means of the food given, and would widen the number of cereals with which Baby's diet is varied.

New York.

M. S.

In our judgment there is not enough difference in the effects of the cereals in ordinary use to justify such a classification. If one is to take every article that is made from cereals, from the finest bolted flour to the coarsest oatmeal or samp (coarsely broken maize), of course such a list could be made. But few of these cereals, however, are suitable for baby diet. Then, the effect of an article of a given name will vary considerably according to the individual preparation. Take hominy, for instance. While occupying a middle place between samp and farina, it may be nearly as coarse as the one or nearly as fine as the other in different trade samples. In various ways the ordinary preparations are treated (or maltreated) so as to make a trade difference sometimes an actual nutritive one.

Let us take the following table as approximately correct :

Part per thousand.	Wheat.	Barley.	Rye.	Oats.	Maize.	Rice.
Albuminous substances. . .	135	123	107	90	79	51
Starch	569	483	555	503	637	823
Fat				40	48	
Salts	20	27	15	26	13	5

Balls from Graham Flour.

Could not flour-balls be made from whole wheat flour, or rather from sifted Graham, which would be more laxative and more nutritious than if made from white flour? We buy the whole wheat and have it ground fine, and use a great deal of it in the family.

Claremont, N. H.

R. C.

They could be made from those flours, but, as the composition of the white flour is changed by the prolonged boiling, similar changes will take place in the Graham flour, and if that part only which will pass through a sieve is to be used, the result would probably be almost indetical with the ordinary flour ball. There is no harm in trying it, however.

Graham, Oatmeal, and the Various Prepared Cereals.

(1) What do you consider the most wholesome flour of which to make bread? What is Graham flour, and what is its value as a food, actual and as compared with other flours?

(2) What do you think of oatmeal as an article of food? What is the most nutritious and palatable preparation of any grain known to you in a form suitable for use, say, on the breakfast-table.

Quincy, Mass.

FATHER.

(1) All things considered, we should regard a very finely ground wheat-meal, the best for bread for "the average man." Theoretically, Graham flour is such a meal; practically, we are inclined to think some parts are removed. As made at bakeries, Graham bread contains bolted flour to dilute the Graham flour. If made at home it becomes a very wholesome and, to many persons, palatable bread. White flour has lost much of the nutrient parts of the grain and is very largely starch. Some persons—those of the "gouty diathesis," for instance—are injuriously affected by a starchy diet; for such white bread is not very wholesome.

(2) Oatmeal is very nutritious and, if well cooked, an excellent article of food. In our judgment, however, many persons more than offset its nutritive value by injurious amounts of syrup or sugar eaten upon it. With salt and milk, or cream, it is to most stomachs digestible and, to our taste, delicious. Meal of poor quality or badly cooked is detestable. It and the various forms of cracked or crushed wheat—the trade names are legion—which retain the entire grain, are the most nutritious of grain foods for the breakfast-table. The palatability must be judged by the eater. Occasionally oatmeal disagrees, being popularly said to be "heating," particularly to persons with a tendency to eruptions.

Oatmeal Gruel.

I.

Will you inform me if you consider a thin oatmeal gruel, with a little milk and sugar added, a suitable food for babies?

Jacksonville, Fla.

E. L. H.

The age of the baby is not given; but for a child of, say, six months a mixture of half gruel and half boiled milk, with a *little* sugar and a trifle of salt, is usually easily diges-

tible. If, however, there is any tendency to looseness of the bowels, barley-water is to be preferred.

II.

I have a girl-baby, eight months old, bottle-fed, who has never been able to digest milk. I have tried milk from six different cows; have diluted it with water, and have also used it in combination with nearly all the baby-foods, such as Mellin's, Ridge's, Imperial Granum, etc. I have for several months fed her on oatmeal gruel, made with water only.

She seems to digest this pretty well, but gains very slowly, weighing at present but eleven and a half pounds, her weight at birth having been seven pounds. She seems pretty well, but cries a great deal, as if she was not satisfied.

Is it possible for her to gain flesh and strength and become a healthy child on oatmeal gruel alone without milk, or would you advise me to feed milk in some form? I have tried using a little cream in her gruel, but it makes her more fussy.

Weymouth, Mass.

W.

Occasionally, but rarely, we have seen children who apparently could not digest milk. When it is proved that this is the case we must make the best of it. Oatmeal gruel without milk is not very fattening, but it is possible to exist on-it, as you have learned. Before abandoning all idea of milk we should make an attempt with cream and whey, removing the cream carefully, curdling the skimmed milk with rennet, and putting the clear whey and cream together and using them with the oatmeal gruel. This is something like the "Frankland Artificial Milk," which you will find described in the excellent little book of Dr. Jex-Blake.

Oatmeal.

Will you please tell me if oatmeal, soaked and then strained before cooking, is harmful to give a baby a year old? Does it produce constipation?

Minneapolis.

A. R. W.

If you mean that the uncooked oatmeal is to be strained after soaking and the liquid part—little more than oatmeal water—is to be given to the child, it will not do harm; certainly it will not constipate. If you mean to give so much of the meal as can be squeezed or rubbed through a strainer, everything depends upon the coarseness of the strainer. A child of a year cannot digest ordinary oatmeal porridge or anything like it.

Concerning the Diet of a Delicate Two-Year-old Child.

Will you inform me if Graham cracker is a good food for a rather delicate child two years of age? She does not care for bread or any kind of cracker except Graham. She likes oatmeal, but won't touch rice. When about five months old she was very ill with diarrhoea and indigestion. Her life was despaired of for days, and since then she has been delicate. She has only twelve teeth. She does not stand alone, but walks nicely, holding some one's hand. She is very pale, but her flesh is solid and firm. I do not give her meat, as she makes no attempt to chew it. She lives on milk and Graham cracker, besides oatmeal porridge once a day. I put thirty drops "Bush's Bovinine" in her milk three or four times a day; I commenced that quite recently. Now and then I give her mutton-broth or soft-boiled egg for dinner. Can she grow strong on such diet? She is a little baby, and has had Mellin's Food the first year and Imperial Granum the second year until now. Is there any preparation of lime or anything that would increase her strength and hasten her walking?

St. John, N. B.

K. S. N.

The Graham cracker, if she can thoroughly chew it, is proper food. All the articles you are now using—namely, milk, porridge, cracker, "Bovinine," broth, egg—are proper, and she can grow strong upon them if she has enough of them and is able to digest fairly. The best lime preparation for your purpose, we think, is the hypophosphite, generally sold in the form of a syrup which also contains other hypo-

phosphites. Several well-known makers—for instance, Fellows (English) and McArthur (American)—have placed very good preparations widely upon the market.

The Preparation of Barley-Water.

I want to ask your advice about the kind of food to give my baby who is now ten months and a half old. For the first eight months of his life he was troubled with constipation, and I was obliged to give him an enema nearly every day, but since that time I have not had to resort to this means more than two or three times. He seems well and is the personification of good nature. I shall not wean him for another month or two yet, but would like to know whether you would advise sterilized milk or the top-milk plan. If the latter, will you kindly give directions how to prepare the same, also how to prepare barley-water to use with sterilized milk? I must depend upon a milkman for the milk, and thought on that account the sterilized would be better than the top-milk. My baby retires at about half-past seven and does not nurse more than once between that time and five o'clock the next morning, and sometimes does not waken between those hours. I nurse him every three hours during the day. He weighs 22 pounds and has four teeth.

How much milk, or milk and barley-water, should he take in twenty-four hours?

Elizabeth, N. J.

F. A. W.

For a child of a year it is not necessary to prepare milk as for a young infant. Milk diluted with barley-water will do well enough. The milk may be sterilized if there is any doubt of its perfect purity and sweetness or if there is doubt as to its keeping.

A good receipt for barley-water is this :

Three tablespoonfuls of pearl barley.

Three cupfuls of boiling water.

Just enough salt to take off the "flat" taste.

Pick over and wash the barley carefully. Cover with cold water and soak four hours. Put the boiling water into

a farina kettle, stir in the barley without draining, and cook, covered, for an hour and a half. Strain through coarse muslin, salt and sweeten slightly, and give when it is cool enough to be drunk with comfort. He will take, if he has an average appetite, three pints of milk and barley-water at a year old and will probably take more soon. The mixture at the beginning may be half-and-half, but presently gradually increase the proportion of milk.

Barley and Oatmeal Gruel.

(1) Is not barley gruel with milk more constipating than milk alone with water?

(2) Why is it considered better to use barley gruel or oatmeal gruel with the cow's milk for a child with weak digestion?

Snoqualmie, Wash.

SUBSCRIBER.

(1) Barley gruel does not in our judgment increase the constipating effect, but it is less laxative than oatmeal gruel.

(2) The salts contained in the gruels are useful, and many believe (while some disbelieve) that the gruels favor the formation of a finer and more digestible curd of milk on the stomach.

Water for the Baby.

My baby is three months old, perfectly healthy; she has never had any water given her except in catnip-tea for colic. My physician says babies ought not to have water until they are eleven or twelve months old; then it should be boiled. A host of "cousins and aunts" think I am torturing the little one by following his advice. As the idea is entirely new to me, and he is the only one advising the non-use of water, I would much like the opinion of "others in authority."

St. Joseph, Mo.

W. L.

We emphatically believe that babies should have water whenever they wish it, unless some special illness renders it inadvisable. The best plan is occasionally to offer Baby a drink of cool, not cold water. Water that has been boiled is safer if the water supply is not beyond suspicion. While a baby lives largely on liquid food, it needs, of course, relatively a small quantity of water, but on the other hand very many of its demands for the breast or for food are caused by thirst, not hunger, and would be better appeased by simple water.

Harmfulness of New Bread and Cookies.

Will you please say a convincing word to mothers against the use of new bread and cookies for the little ones? I know many a mother, so careful lest her child get wet or "take cold," who yet destroys digestion by the use of these two articles of diet; and by no means is it the uneducated mother alone who thinks, as one said to me, that "fresh bread is good enough for any one." I suppose that new bread and pies have made us the nation of dyspeptics that we are, more than climate or work.

Northboro, Mass.

E. T. A.

We doubt if we can say a "convincing word," for we believe the habit of giving children such things comes not from ignorance, but from that lazy amiability which prefers to gratify them at the moment rather than to deny them anything at the cost of some self-denial and perhaps transient trouble. We can hardly imagine intelligent persons really suppose these things good for children, but they simply follow their natural bent and deny the harmfulness of any course they like to pursue.

A Varied Bill of Fare.

Is it advisable to give a baby almost fourteen months old much fruit? Our baby has been troubled with constipation, and, not wishing to give him medicine, we try to give him such food as will help his trouble. Please suggest some food or simple remedy for that complaint. He takes for breakfast a soft-boiled egg; in a couple of hours we give him half-an-orange; for dinner he eats rice either in mutton or beef broth; in the afternoon he gets a baked apple, and for supper oatmeal gruel or potato and milk. He does not care to drink milk, but I have not weaned him at night yet. He is very fond of fruit; it seems to agree with him, and he has been taking the orange and apple for the past month. We often give him a rare piece of beef to suck or chew, but do not allow him to swallow any, and occasionally he takes bread and milk. Now, have any of the kinds of food mentioned a tendency to add to his trouble? I have given him corn-starch for a change, but does a child at that age require a change and variety of food? Is it probable that he would get tired of the same thing for his dinner every day? Would stewed prunes be good for his complaint?

Pittsburgh, Pa.

B. B.

Of course fruit must be given with some care to so young a child. Your baby, however, does not show any signs of getting too much; at least none are apparent from your account.

The causes of constipation are various, and a few minutes' conversation with your own physician after he has seen your little one will give you more information really useful to you than any attempts we could make at a distance. His diet seems to us much more mixed than is needful for a child of his age; probably if the rice, potato, and the corn-starch were omitted, and the oatmeal gruel increased proportionately, the constipation would be somewhat relieved. But, we repeat, your family physician would be the better adviser. Probably you overrate the necessity for change and variety of food. It is easy to educate a child into such a state of fussiness, that, to use a country phrase, it is constantly "cake-hungry but not bread-hungry." If a child is

really weary of a certain kind of food, you may trust him to show it in an unmistakable manner.

Flesh-Forming Food.

Can you give me any information as to the best flesh-forming food for bottle-fed babies?

Greenwood, Miss.

W. P.

We can only say that the best food, obtainable everywhere, is probably pure milk, properly diluted, to suit the age of the child, with barley-water. If the child is ill it may need special kinds of food.

Broth.

Would you give a child a year old mutton or chicken broth once a day, and ought this to be thickened? If so, with what?

Minneapolis, Minn.

A. R. W.

The broths are quite admissible, with a little rice or barley well cooked in them, but it is not necessary to give them daily. Nor are they absolutely necessary at all.

Meat-Sucking.

When is it advisable to give a young child a piece of beef to suck?

Riverside, N. J.

E. M. W.

Unless suckling is unduly prolonged, we see no reason for giving any solid food before weaning. A chicken bone or a chop bone, it being made certain that there are no loose pieces of bone which may be sucked off and swallowed, is sometimes admissible to be chewed upon, more as a substitute for a teething-ring than for nutriment. The giving of a

piece of beef to suck is open to the objection that one cannot know how much or how large pieces of the beef will be swallowed; therefore our personal preference is not to give the beef until we are willing it should be eaten. This, of course, is after the first year, and often as late as the middle of the second year.

A Chicken-Bone.

My husband and I have just suspended—not finished—a hot discussion as to the propriety of letting our baby, age six months, suck a chicken-bone. He had ten arguments against my one in favor of it, which is that my mother always let her babies do it, and is it likely that if she could see no harm in a nice, well-polished drum-stick, my "John," who knows nothing of the management of infants except from books, has reason on his side? He quotes the "Mother's Nursery Guide" as having said that the food of an infant should be milk, and perhaps cereals, for the first year. I don't call clean chicken-bones "food," and mother says children get lots of comfort out of them.

Baltimore.

CLARA S.

P. S. Baby liked it!

Without doubt; and she would have liked still better a cup of chicken-soup, a bit of fat, salt pork, or a stick of candy. If she has no teeth that might disengage a bone-splinter, and there are no adherent bits of gristle or meat-fibre on the "nice, well-polished bone," it might not harm her more than would an ivory ring or stick. Give the preference to the latter when she craves something to rub on her itching gums, for she will not grease frock and hands with it. The desire to put what the old woman used to call "something tasty" into babies' mouths seems to be well-nigh incorrigible with inexperienced mothers. Depend upon it, "John" does not err in objecting to experiments in this direction. In nineteen cases out of twenty they are harmful rather than beneficial, and the twentieth instance is usually a negative advantage—a thing that does neither harm nor good.

Mutton Broth in Addition to the Bottle.

My baby, fifteen months old, is a hearty, healthy child, but is not growing as rapidly as I should like, weighing but nineteen and a half pounds. I give her a bottle—using the gelatine and arrowroot food—when she first wakes, between six and seven, another after her bath about 9.15, another at one, another at five, and one before she goes to bed, about 7.30. Thinking her old enough now for a more varied diet, I have of late been giving her mutton broth with rice in it, but am undecided *when* to give it. To give it in addition to her bottles—that is, between any two of them—will, I am afraid, do more harm than good by burdening her digestive organs with more work than they can properly attend to, as I think she has already a sufficient number of meals a day. Do you think it would be wise to omit the one o'clock bottle, giving her instead as much mutton or beef broth (she usually takes about three-quarters of a cupful) as she will take? Is this too rich to give her every day? How would it be to alternate the broth with oatmeal and milk, etc., or do you advise me to continue the milk diet alone, resting content with good health and happy spirits?

Princeton, N. J.

J. S.

If the child has “good health and happy spirits” there is no evident reason for change at all. But you have worked out a very good plan for yourself. If you would like to try the mutton broth it should be given *in place of* a bottle, and the one o'clock hour is the best one for replacing. Our own preference, however, would be for the oatmeal and milk (gruel) for the noon meal, if it is found to agree with the child.

Butter and Eggs.

I

I have a little motherless girl of two-and-one-half years, and I would very much like to have your views regarding butter and eggs as a regular diet for her. She has had added to her hominy-and-milk a little cream, also a little cream to her milk for breakfast. After the hominy she has had a soft-boiled egg, topping off with bread and butter. She has just had a bilious attack, vomiting at intervals for some

hours. She threw off considerable bile. Finally, after a sufficient lapse of time, a mixture of bismuth was given to her, when she went to bed and slept soundly throughout the night, and was "as bright as a button" in the morning, and is all right now. What I wish to avoid is a repetition of the attack. What, then, is your opinion of butter, in the first place, if given liberally to children, and what do you think of a soft-boiled egg every morning as part of Baby's breakfast? My little one has a delicate frame and digestion, but is perfectly well and healthy.

New York.

S. G.

Butter in moderation is usually advantageous as being an easily assimilated animal fat. But it would seem that you have given it to your little girl without moderation. Thus: she had it in the milk on her hominy; she had more in the added cream, again in the milk she drank and in the second added cream, and then she "topped off" with more on her bread. Probably, altogether, she got at least as much as a man of strong digestion would take for his breakfast. It does not seem necessary to add cream to good milk—indeed, usually it is injudicious, and a child who uses much good milk does not need additional butter.

The fresh egg also is usually well borne, and probably will be again if you moderate the amount of fat you give with it. Try hominy, milk, and the egg. If you have trouble then, give the egg on alternate days, limiting the amount of milk at that meal.

The fact that your little one has a delicate digestion should render you careful, and she may be one of those persons (who are not so common as is supposed) with whom eggs do not agree; but before believing this, try the above suggestions.

II

(1) Do you advocate the use of soft-boiled eggs for babies a year-and-a-half old? (2) Are they constipating, and (3) could one be given every day if they seemed to agree? (4) At what age should a

child begin to eat butter on bread? My baby-girl, who is nearly seventeen months old, has never tasted it. Two or three of my friends are in the habit of giving it to still younger children.

Brooklyn, N. Y.

M. M.

(1) The egg is permissible, but its use should be watched to see if it agrees.

(2) Not usually.

(3) Yes.

(4) When its teeth enable it to chew the bread thoroughly. If the child takes much milk the butter is not necessary, but a small quantity is not harmful.

Bone-Producing Food.

Can you recommend any food to be given either with or in place of the condensed milk as a bone-producer?

New York City.

C. S. Y.

No food is, in our judgment, a "bone producer" except as all properly constituted food that is easily digested is. Foods may be deficient in salts or in nutritive matter, and may not form bone in the same sense that they do not form flesh or blood. But good nutritious food will meet all the demands.

Potatoes.

Kindly tell me what you consider the diet should be of a child of two years, with sixteen teeth, a good digestion, and an *extremely* good appetite? Do you think potatoes too starchy for a child of his age? I mean boiled, baked or stewed. My little boy is very fond of them, but my physician told me that potatoes were something a child should eat but seldom. I had always supposed before that they were nutritious and extremely easy to digest. I shall be very much obliged if you will tell me what you think of them as an article of food for children.

Chicago, Ill.

H. T. S.

The physician is right about the potato in general. At two years we admit the baked or roasted potato (not boiled or stewed), lightly broken up and salted, not matted down with butter. Put what butter the child needs on his bread. But this potato, even when carefully prepared, we watch as a "suspicious character" to see if it really is well digested.

A child of two years needs four meals: the first at about 7.30; the second at 11 A.M.; the third about 1.30; the fourth, at 5.30 P. M. The first meal should be of milk, bread and butter, and perhaps well-cooked oatmeal or wheaten grits; the second meal, milk and bread; the third, meat (beef, mutton or chicken cut very fine or scraped), broth—or instead baked potato if permitted—and a light dessert, such as a tablespoonful of simple custard, boiled or baked, or the rennet curd called "junket" or "slip;" the fourth meal, bread and milk only.

Tomatoes at Three Years.

Are nice ripe tomatoes injurious to children three years old?

Rhode Island.

W.

We do not think that many children of three would be benefited by the use of tomatoes. Some children seem to have the digestive omnipotence of the ostrich, but the rule is the other way. The acidity of the tomato makes it undesirable as a part of the dietary at an age when the bulk of the nutriment must come from milk.

Amount of Fruit for a Child of Two Years.

Your judgment would be esteemed a favor in answer to the following question. Are two oranges and two apples too much fruit for a child two-and-a-half years old to eat in a day?

New York City.

X. X.

A categorical answer cannot be given. Two oranges make rather a large helping, but if not very large ones and properly prepared, given as part of a breakfast, or at a fixed time in the morning so as not to spoil the next meal, are probably harmless, unless there is some sign of speedy indigestion—*i. e.* within a day or two. Many children cannot eat them at all safely. Apples are usually to be given cautiously to children so young. It is a fruit that should be well chewed, and little folks are not as a rule good and careful chewers. With some persons they create no disturbance, but with many, especially those with a tendency to flatulent indigestion, they are very hard of digestion. If your child has for a considerable time taken the amount of fruit indicated without bad results, we must assume that it has unusual power for digesting such things. If fruit is given for a laxative purpose, the problem is different; baked apples then become not so much an article of nutrition as a medicine. On the average a child of two-and-a-half years should be restricted to say half of a good-sized apple, pared and cored.

Cocoa.

Is cocoa a good breakfast drink for young children?

Leaman Place, Pa.

A. C. B.

By cocoa, we understand an unadulterated preparation of the roasted nut of good quality. There are all sorts of preparations on the market, varying from the costly chocolate down to the husks or shells, not to mention adulterated or spurious articles. For a young child the addition to milk of a substance rich in fat and nitrogenous substances—as is really good cocoa—makes a mixture in our judgment usually too rich, unless it be understood to be a food and not a

drink. Chocolate and bread would make a meal, if the power of digesting fat is good. The multitude of preparations of cocoa from which the fat has been more or less removed we do not discuss, as it would require a knowledge of each preparation.

Honey and Molasses.

What is your opinion of honey and the ordinary brands of molasses as a part of the dietary of children?

Lake Valley, N. M.

A. P. H.

Honey is a mixture of several sugars and of other things. For some reason it often disagrees, and persons of good digestive power not infrequently suffer violent attacks of indigestion from it. If it agrees it may be used under the same restrictions as other sweets. Concerning molasses our opinion, as an article of food, is the same as concerning sugar. It has the advantage that it may be added to food as a laxative when one is necessary, but it is inferior to some fruits, if they are obtainable.

Pop-Corn.

Will you please say whether pop-corn is good or healthful for children between the ages of three and eight?

A. S.

There is a long gap in digestive ability between the years three and eight. Pop-corn eaten at a meal, and well chewed, although not a desirable food, may be borne well by many children of eight. We should not think of giving it to those of three. But there remains the objection that children do not eat pop-corn at meals, but at other times when they should not eat anything.

Fruit and Milk.

How much is there in the popular idea that milk and fruit do not go well together? My little ones are inclined to constipation, so they need all the fruit they can digest; but they must either go without milk, which is one of their chief articles of diet, or eat the fruit at their meals with their milk, or eat the fruit between meals, which seems to me a bad habit to establish. Which of the three ways is best?

Canton, O.

C. W. R.

The incompatibility varies with different fruits and with different digestions. So far as a general rule can be given, it is this: You know that many fruits—baked apples, peaches, berries—are habitually served with cream, said “cream” being as often as not only top-milk. Very acid or unripe fruits do seem sometimes to disturb the digestion of milk. Ripe, sweet fruits generally do not have this effect, and may be given, if the child is old enough to have fruit, irrespective of milk. One reason, it seems to us, that milk and fruit disagree is this: They are eaten together, and whole berries, perhaps, with tough skins, or unchewed pieces of larger fruit, are washed down and cannot be readily attacked by the digestive juices. We have supposed that the indigestion sometimes following huckleberries and milk, for instance, was due to this fact, and would not have occurred if the berries had been served dry and the child obliged to chew them well, the milk being swallowed later in the meal. In giving fruit to children the parent must carefully select for each child what it is to eat, and see that it is properly prepared. Cooked fruit and milk rarely disagree—the traditional baked apple and milk, for instance.

The habit of giving fruit between meals is not bad if the fruit hour is fixed and it is made a meal. This may be on rising—which, when constipation exists, is a very good time—or it may be between breakfast and the mid-day meal. To young children we prefer not to give uncooked food after the latter meal.

A Bill of Fare for a Two-Year-Old.

I am in the greatest distress about preparing meals for my child, two years of age. Will you please inform me what articles of food can be allowed a child of that age, and also what would be proper for dinner, what for supper and what for breakfast? She refuses milk-toast, rice and beef broth, and eats so little that I ask you to name some varieties that might tempt her appetite.

Roxbury, Mass.

C. S.

We cannot tell you all the things that a child may have at two years of age, but we shall probably best give you the necessary hints by placing before you two dietaries which we have endorsed. The two may be given alternately, or either daily or for longer periods each.

No. 1.

FIRST MEAL—7.30 A. M.

Cup of milk. Slice of stale bread or cracker.

SECOND MEAL—11 A. M.

Bread and milk.

THIRD MEAL—1.30 P. M. (later if the midday nap requires it).

Thin slice of rare roast beef, mutton, or white meat of chicken, cut very fine, or, better, scraped; roasted potato with "platter gravy." (This may be indigestible for some children, but many eat it without harm.) Dessert spoonful of ice cream (plainest).

FOURTH MEAL—5.30 P. M.

Bread and milk.

No. 2.

FIRST MEAL.

Tablespoonful of well-cooked oatmeal or wheaten grits, saucerful of milk, slice of bread and butter.

SECOND MEAL.

Bread and milk.

THIRD MEAL.

Beef or chicken broth, cupful, with bread. Small piece of broiled fish or mutton chop. (Exercise great care in choosing fish, and in warm weather, except at the sea-side, they are better omitted.) Tablespoonful of plain custard, cup of milk.

FOURTH MEAL.

Bread and milk.

These will suggest to you various modifications applicable to your child's case.

Strawberries at Four Years.

I would like to know through your columns what you think of strawberries for a child of four years?

Randolph, Mass.

J. C.

There is no fruit about which there is so much uncertainty as the strawberry, owing to the quite common idiosyncrasy which makes its possessor unable to eat the strawberry (as well as some other things) without severe indigestion or an attack of hives (urticaria.) Nevertheless, if experiment reveals no such peculiarity, we believe strawberries admissible at the age you mention, provided they are fully ripe and fresh, that they are taken early in the day or at noon, and do not form a part of the same meal as milk. Good berries, ripe enough to eat, need but little if any sugar (how good the old hillside berry was without any!), and taken with a biscuit or a slice of bread, the quantity moderate, make a proper part of the midday meal, or may form the forenoon luncheon usually needed by the four-year-old.

Ripe Water-Melon.

What do you think of giving, with care, to a child of twenty-eight months ripe water-melon fresh from the garden? The child has his full set of first teeth, and is in perfect health, and, since he appears to crave melon more than any other one article of diet, it is hard to deny him.

Dighton, Kans.

CONSTANT READER.

A child with a full set of teeth might digest fresh and fully ripe water-melon "given with care." The teeth, of course, are not needed for eating the melon, but the possession of a full set suggests a certain degree of maturity of the digestive organs. It should, however, be always given both fully ripe and very fresh and moderately cool, and its effect watched before repetition, because of individual peculiarities about the digestion of apparently harmless articles.

Figs at Thirty Months.

May I trespass on your kindness to tell me a little about the value of figs as a diet for babies? My little girl of two and a half years is so inordinately fond of them that from rising until bed-time "pig, pig, please ma," is ever on her lips. Heretofore I have given her one on getting up at 7 A. M., two or three halves during the day, with possibly a half on going to bed at 7 P. M., rarely in excess of this. I have now ceased giving her any, as I fancy she seems less bright, and less buoyant; and knowing no cause, think that perhaps the figs may lie at the bottom of the trouble. I buy the best in the market, and am very careful to cut away any portion that is dark of color.

I have read that if you view a fig—even the newest—through a microscope of medium power, it will be seen to be alive with animalcule life. Is it so? And if so, is it wise to use them for food?

Minneapolis, Minn.

G. B. W.

The fig is not very valuable as a diet strictly speaking. It is an admissible luxury in season and in case of constipation a useful laxative. Our feeling is that fruit should

always be given (as, indeed, all other food) at meals only. If you see fit to make a supernumerary meal, it should be at an established hour. The habit of allowing children to eat at irregular times, *i. e.*, between meals, we hold to be distinctly pernicious. As to your little one, if you wish to gratify her liking for figs, we would suggest that they be given at the end of breakfast, and at the end of her midday meal, which we suppose is somewhere from noon to 2 P. M., but not at night.

We do not know whether good figs usually have living organisms recognizable by low powers or not. But even if it be so, we do know that the danger of minute organism depends entirely upon their kind. For example, most ice contains bacteria, but disease does not usually result from its moderate use. The fact that in all ages figs have been an acceptable article of diet sufficiently shows their wholesomeness, for adults at least.

Oranges for Infants.

Would you kindly say how many oranges a child eighteen months old may be allowed to eat a day without danger of injuring health?

How young a child may be safely allowed to have the juice of one orange a day?

Would three oranges a day have an injurious effect on the quality of a child's teeth during dentition?

Boonton, N. J.

C. A. N.

These questions cannot be answered categorically. No one unacquainted with the child can tell how much of orange or any other food can be borne by any particular child without danger. Ordinarily we do not give oranges as early as eighteen months, and we should suppose that the average child of that age would have quite enough if it ate one daily. To very young children we know of no reason for

giving oranges at all, except as a laxative, or as an indulgence just as they are given candy.

We do not know that any one has ever studied the effect of orange juice on the progress of dentition. But we should not wish to have a child whose diet is—or should be—largely milk, take any such amount of vegetable acid into the stomach at any time while the milk was there.

Ice Cream.

Do you consider vanilla ice cream injurious to children above three years of age, if given in small quantities and eaten slowly?

Leaman Place, Pa.

A MOTHER.

To this question an explicit answer cannot be given. In the first place simple ice cream (not the stupendous concoctions of the confectioner, but a simple mixture of cream and sugar, with flavor, frozen), in moderate quantity, would seem to be as inoffensive as any sweet that could be devised. But whether or not it is so depends upon several things. First of all the same cream which eaten slowly (small pieces being allowed to melt in the mouth) would be harmless, would help to set up an indigestion if large pieces were allowed to go to the stomach while very cold.

But in our judgment a great distinction is to be made between those who can and those who cannot eat sweets. We know that there is a very large class of people who cannot safely eat much of certain things (sweets, starchy food, including bread, potatoes and many others seemingly harmless), without sooner or later suffering for it in some way. This group of persons are called the gouty. They are relatively more abundant among the head workers than the hand workers. The offspring of such persons early show this inability to properly dispose of sweets, and to such children even ice cream is not harmless.

It is a natural desire to give pleasure to our children in simple gratifications of their palate, and the rule we give to those asking advice is: See that the ice cream is of the really simple kind; give it in small doses at rare intervals, say at Sunday dinner or some other easily remembered time; watch to see if the next two or three days are as free from indigestion or from fretfulness as other days, and from other evidences of disorder. We speak at length regarding the ice cream because this involves the whole principle of sweet eating.

A Salt-Embezzler of Three Summers.

I would like very much to know your opinion in regard to one or two things concerning my little girl, three years old. She is apparently healthy, but I am very careful about her diet. I suppose you will think my questions foolish, but I feel ignorant and am anxious to be enlightened.

She is *very* fond of common table salt. I am sometimes obliged to punish her to keep her from eating it in great quantities. Is it injurious?

Is sage-tea ever beneficial? Are nuts hurtful?

Manson, Iowa.

E. A. R.

Your questions are far from "foolish." A good deal of salt may be eaten without harm except the exciting of thirst. Just what quantity is harmful in any given case cannot be definitely stated. The best way is to give the child a liberal allowance and not allow her to take it herself. Keep run of the amount and watch for symptoms, and if you find any that you think probably due to the use of the salt diminish the quantity. The exact amount meant by "great quantities," of course, we do not know, but the taste and desires of different adults vary greatly, and there is no reason why those of children should not.

Sage-tea is sometimes of use medicinally. It was anciently held in high esteem, but is now chiefly used in domestic medicine. It makes a good gargle, especially with the addition of alum and honey. It is also useful as a tonic to the stomach when there is flatulence, and sometimes allays nausea. Made weak it is a grateful drink to many persons in fever.

Nuts are often hurtful by reason of their indigestibility. They should, if possible be kept out of the way of young children.

Summer Problems.

I wish to ask for advice concerning my little boy, who will be a year old next month. He is a small baby, weighing about fourteen pounds, but, as he is plump and well, the light weight causes no alarm. He has two teeth, with the prospect of more very soon, and sleeps well.

He has taken Mellin's food since five months old. His digestion is good. He has 33 ounces of milk and 4 ounces of water, with seven large tablespoonfuls of Mellin's, in twenty-four hours, having about seven and a half ounces every four hours between 6 A. M. and 6 P. M., and at my bedtime.

(1) Would you advise giving the same food all summer until cool weather, and, if not, what changes do you advise?

(2) Will it be necessary to heat the milk during the summer? If so, what contrivance would be best to take with me to the country for heating purposes?

(3) Does the presence of Mellin's food render the milk less liable to changes caused by atmospheric conditions, as thunder-storms, etc.?

(4) When shall I discontinue the 10 P. M. feeding? If advisable, I would prefer to do so before taking him among strangers.

New York City.

S.

(1) It seems to agree and probably will do so through the summer. He may need larger meals.

(2) It should, we think, be made blood-warm for some time to come. A common oil-stove lamp is most economi-

cal. Alcohol lamps are tidier. Immersing the bottle in a vessel of hot water is a good way, if you have kitchen privileges.

(3) We think not. The electricity in thunderstorms will not affect milk of itself. Certain bacteria are more active (apparently) in weather which favors thunderstorms; but a well-corked bottle of sterilized milk, or any thoroughly sterilized food, will not be affected.

(4) He will need an evening meal for some time yet, but that meal may be made earlier than it is now given, if you prefer.

Bananas, Apples, and Oranges.

Should a healthy boy twenty-two months old eat half a banana at a time, or *any* banana at all? And if not, why not? He has been given a quarter of an apple at once and part of an orange, and sometimes grapes, with, of course, skins and seeds always removed. These three last fruits he has had for a number of months past.

West Newton, Mass.

G. W. S.

He should have no banana at all. Only the most accomplished masticator can do anything with the tenacious pulp. It is palatable, but even for adult use it should be either very thinly sliced or scraped up. In our judgment it is a hazardous experiment to give this fruit to any child who is not at least five years of age. The apple is not advisable, but if you scrape the pulp very finely it may be given if constipation demands it; otherwise wait. The orange, carefully divested of seeds and of the fibrous part (best accomplished by cutting the orange across and feeding with a spoon what you wish to give the child), will probably do no harm; the grapes, perhaps, are also admissible if carefully prepared, but in hot weather they would better be omitted. A child of the age mentioned should not be allowed to feed itself with fruit.

The Abuse of Sugar.

Should sugar be a constant ingredient in the simple food (bread and milk, rice and milk, etc.) given to a child under two years of age? One hears that too much of it causes digestive disturbances. Is it necessary for the child to have any?

Ithaca, N. Y.

E.

In our opinion, after a child is old enough to eat rice or bread, sugar is not needed at all. If it can properly digest these articles of food it can, from their starchy constituents, manufacture enough sugar for its needs. We think it far better to teach the child to take its bread and milk or rice and milk with a proper seasoning of salt, and without any sugar at all. To add sugar is only to tickle the palate at the risk of the digestion and general health.

Vegetables.

(1) Is *boiled* celery more easily digested than when uncooked?

(2) Is not the raw tomato easy to digest if given with only a sprinkle of salt? My children enjoy it so, and I had supposed it plainer than when stewed, as the acid seems less strong.

(3) Are tomatoes, when stewed with milk, suitable for children, about half a cup of milk being used to a pint of cooked tomatoes?

(4) Do not dried split peas, stewed with butter and salt, contain considerable nutriment; are they difficult of digestion?

(5) At what age may beets be given, if well boiled?

(6) Ought not a child of eight years to be able to digest a small quantity of parsnips, onions, carrots, etc., at dinner time? Of course only one variety at a meal.

(7) Is cabbage admissible at this age, and is not raw cabbage, with salt, more easy of digestion than boiled? The child is strong and well.

Leaman Place, Pa.

A. C. B.

(1) Yes. Uncooked celery is considered not very digestible, but in an adult's dietary it forms so small a part of

a meal that it counts for little. To a child of three or four a single tender slip, uncooked, may be allowed occasionally at the midday meal.

(2) We do not think the raw tomato as digestible as the cooked. If in any particular case—as of your children—you have found by experiment that the raw fruit does not disagree, there is no reason why it should be refused.

(3) Not for very young children ordinarily. Children of three-and-a-half to four may take them at midday, the effects being noted in each case and the continuance of their use being governed by these effects.

(4) They contain a good deal of nutriment; they resemble the cereals, but have more nitrogen and little fat. If the peas are thoroughly cooked until quite soft they are usually digestible to a child who chews well.

(5) Beets require so much cooking that we generally do not admit them to the dietary of young children. If very thoroughly cooked and finely cut up, probably at five or six years they can be digested.

(6) Perhaps; it will depend upon the bringing up, the natural strength and the peculiarity of the individual's digestive powers. The vegetables mentioned, particularly the first and third, need to be very well cooked; the tough central core of the carrot and the fibrous structure of the parsnip render them difficult of digestion. They all excite flatulence, and are not suited to a delicate stomach.

(7) Nearly the same remarks are applicable to cabbage. There are many individual peculiarities regarding the cabbage group, however, and we have noticed that for some the raw cabbage excited less eructation than the cooked. Some persons eat cabbage with impunity, others with much distress. Hence, in giving it to a child, each time the results should be noted, such as whether or not flatulence, belching, rising in the throat, etc., occur.

SLEEP.

Hours of the Baby's Naps.

How many hours long should a well, hearty baby of three months sleep at night, and at what hour should it retire? Should it take one or two naps during the day, and at what hours should these be?

Newport, R. I.

J. S. B.

Put to bed not later than 7 P. M. ; earlier if your domestic arrangements will admit. As a general rule it is better that Baby be put to sleep before the mother's evening meal, otherwise the latter has to hurry her own eating or keep the baby unsettled too late. A healthy baby of three months sleeps, with interruptions for nursing, practically all the time from tea-time to breakfast-time, the breaks being, the first, say, at parents' bed-time, which we may assume to average about 10.30 or 11 o'clock ; a second at 3 or 4 in the morning, and a third which generally precedes the mother's rising hour. Variations of all sorts, of course, occur from this standard, as many babies elect the evening for a "worrying time," and the mother has to conform to circumstances ; but the schedule given is about what should be aimed at. If the child will sleep longer than four hours at a time it is well to allow it to do so by all means, unless the mother's breasts become overfull. The baby should have at least two day-naps, and if only two are taken the most convenient times for dividing the day will be at about 10 A. M. and 2 to 3 P. M.

Position for Sleep.

Dr. Donaldson, in his "Decalogue for the Nursery," says a baby ought always to lie prone, or on its stomach. How can it breathe then—or must its little neck be twisted so that it will lie on the side of its head while the rest of the body is flat?

Pennsylvania.

A SEEKER AFTER TRUTH.

In our judgment what is called by physicians the "semi-prone" posture is most natural to babies, as to the inferior animals, *i. e.*, on the side, but with the back turned a little up. In this position a slight turn of the head makes breathing easy, and the weight of the abdominal organs rather helps than hinders respiration.

Crying to go to Sleep—Pain of Teeth-Cutting.

What *I'd* like to know is the philosophy of a baby crying to go to sleep, and of the pain of teeth-cutting—both natural functions, and in the case of sleep (except in babyhood) nature induces its own result and requires no assistance.

New York.

H. S. S.

Like many others, you seem to think that a process that is physiological is necessarily free from discomfort. Would that it were so! For a physiological process to go on painlessly and unconsciously proper surroundings are necessary. A tooth may and often does press its way through the gum without evident distress; but even in many of these cases the observant attendant recognizes certain motions of the mouth which show that the child is conscious of something, even if it does not cry. The irritation may also make the child more excitable, either to pleasure or to grief, than usual. But this is in no way peculiar to teething. The whole process of digestion may be attended with discomfort. One child will eat a banana without apparently any effect; the next child has convulsions from eating one. The difference

is not in the process, but in the individual power of digestion and susceptibility of the nervous system. So later in childhood or adolescence come many derangements—*e. g.*, “growing pains,” the developmental discomforts of both sexes. These are all natural processes ; but in order that they may be painless the system must be in an entirely proper physiological condition.

Take sleep again. It is not true that “nature induces its own result and requires no assistance,” except under favorable circumstances. With the man who has health a perfect digestion, enough to do to produce gentle fatigue and not too much, who has no worries and who goes to bed expecting to sleep till the breakfast-bell rings, nature “requires no assistance.” Let any one of these requirements be wanting and see what nature will do. The practical point here is this : Babies “worry” at going to sleep usually from fatigue. They are kept awake until their little strength is exhausted, and their fretting causes the first recognition their fatigue receives. It takes time for the nervous system to quiet down. The same is true of older children. The judicious attendant begins to quiet the baby or the older child in advance of fatigue. The baby may be usually lulled to sleep when the time for slumber is approaching ; the older child’s play may be interrupted by a quiet story-telling or singing, and sleep comes, if not promptly, without weeping.

Short Intervals of Sleep.

What can I do to induce longer intervals of sleep? My baby is six months and a half old and is partly bottle-fed, being nursed only two or three times during the day, but having the breast all night, after one bottleful upon being taken into bed at first waking. I usually manage to get him to sleep before eight o’clock, and sometimes he does

not wake till ten. After that time he wakes at regular intervals of two hours—seldom longer—all through the night, and demands his “little (?) drink.” I have vainly tried to send him off to sleep without it. With it he is soon asleep again.

This constant nursing is a great drain, and leaves me very jaded and weary when the night is over. In the day time he goes three hours usually, though the time is sometimes longer and sometimes shorter.

Collingwood, Ont.

C. A. N.

The trouble is probably partly due to the short intervals of feeding by day as well as night. He gets breast or bottle on an average about every three hours ; at his age a healthy baby ought to be able to go four hours without distress. The frequency of feeding is, within limits, much a matter of habit with every one, adult or infant. We would suggest increasing the amount of food at each feeding, to be followed by a longer interval. In this lengthened interval a larger supply of breast-milk will have accumulated, which will enable him to go longer to the next feeding or nursing, and so on. Thus the habit of a longer interval could be established, which would be for the night as well as the day. We think you would save yourself by feeding at least once in the night.

Wakefulness.

I wish to get some advice as to the best way to make my baby sleep evenings. He is nine months old, is apparently perfectly well, is fed regularly five times a day with food which seems to agree with him ; sleeps from about nine to eleven o'clock in the forenoon, and from half past one to three in the afternoon ; usually sleeps all night from half past ten or eleven until six or seven in the morning, and is never fed in the night. From the time he was six weeks old he has been put to bed at seven or half-past every night, but has seldom slept through the evening. He generally sleeps for twenty minutes or half an hour, and then wakes and cries until I go and sit by him. Some-

times after worrying for nearly an hour, I and I only, can coax him off to sleep, but frequently he stays awake until we all retire. I tried letting him cry every night for over three weeks by the physician's advice, but to no effect, and have also tried warm baths at night with no better success. Nervousness seems to be the cause of his wakefulness, although he is never troubled that way during the day. Can you suggest some remedy which will prove effectual?

E. W. P.

The problem you present is not a rare one, but it is a difficult one. Your child's habits of eating seem to be all right. He sleeps about four hours by day and eight to eight and a half hours at night, besides the nap early in the evening, in all from twelve to thirteen hours per diem. This is of course much less than most children of the age of your child take, and less we think than most such need.

The cause of the wakefulness in this case is not evident, but we may offer several hints which may lead you to the cause. First, is the child hungry at the time he goes to bed? We presume that he has a meal just before he goes to sleep, but this may not be so, and the interval may be too long before he falls asleep. Second, is he too tired when night comes to go to sleep? Third, is his sleeping place too near the sitting room so that the evening bustle, generally attending the home-coming of the father, excites or disturbs him; or fourthly, is he, on the contrary, in a room so dark that he is timid, as many children are in the dark? And lastly—and this cause we think quite commonly overlooked—does the father smoke in the baby's sleeping room, or a connecting room? Sensitive children, and adults for that matter, are often much affected by air rendered impure in this way. If none of these suggestions help you, you may find, as is sometimes the case, that keeping the child awake a little later than you hitherto have done in the early evening, may insure a sound sleep when he is put down.

The Causes of Restlessness at Night.

My little boy, aged not quite four years, is very well apparently in every way, but he has a habit of tossing about in his sleep almost all night, except during the first part. I suppose I have to cover him twenty times. Do you suppose this is caused by indigestion, and if not, how can I remedy it? Is the following dietary a judicious one for a child of my boy's age?

Breakfast at 8 A. M. of oatflakes and milk, or wheaten and milk.

At 10 A. M. beef-juice from $\frac{1}{4}$ lb. of meat, and a crust of bread.

Dinner at 1 P. M. of mutton broth and bread; chop and baked potato, or mutton, steak, or chicken; baked apple or a peach cut up with sugar.

Tea at 5 P. M., milk-toast, or bread and butter and milk.

This diet seems to agree perfectly, but I cannot see what makes him toss so at night. He goes to bed at 7 P. M. and sleeps until 7 A. M., being taken up twice during that time to make water. He is out-of-doors almost all day, and never has any candy, or anything between his meals.

New York City.

L. R.

The dietary detailed seems to be entirely proper, and it is not probable that the restlessness is due to any article of food. The causes of restlessness in sleep are many, and in some children they are never discovered, and disappear with the lapse of time. But, as is well known, it often exists through life. In such cases much must be set down to individual peculiarity. Among the recognizable causes are immediate indigestion, due to some improper article of food; remoter indigestion, such as arises from the inability of some persons to properly dispose of food ordinarily proper—for instance, starchy foods, sugar, etc.; flatulence, distended bladder, seat-worms, and in fact any slight affection which may give a trifling discomfort which, while not enough to disturb the first heavy sleep of the night, makes itself felt after the body is partly rested. We ought to mention the peculiar restlessness of rickety children, who resent warm covering and toss about, and usually have perspiring heads at

night. Many of these causes you seem to have thought of; the others suggested may put you upon the track of that which is active in your child's case.

The Fir-Pillow.

Will you please inform me whether the fir-balsam pillow is *really* quieting and beneficial to a restless, nervous child? If so, where can it be obtained?

Canfield, O.

F. M. S. M.

The fir-pillow is an "æsthetic" fancy much used as a lounge ornament in towns. The odor is very grateful. The emanations of evergreen trees have been sometimes thought to be beneficial to those suffering from pulmonary complaints, but their value, as distinguished from that of the surrounding health-giving circumstances, is not proven. It is possible that a nervous child might be pleased with the odor of the pillow, and so quieted, but we do not suppose that it has any real medicinal value. The ancient pillow of hops is quite as efficient. The materials for filling pillows are prepared throughout the fir-bearing regions wherever summer visitors go. The cost is slight.

The Hammock as a Sleep-Inducer.

Do you consider hammocks injurious to babies? My baby is nearly five months old, and for four months I have used a hammock for her, getting her asleep in it. It made her sick once, when I first got it. With this exception I have never been able to discover any bad effects from it; but I have often wondered if it could be harmful in any way.

Toledo, O.

J. B. M.

The hammock, if not violently swung, is no more injurious than the cradle or the rocking-chair, presupposing that it is a full-sized hammock, which allows the child to lie without being doubled up. The whole question whether any kind of oscillation is worth while as a means of getting a child to sleep we cannot enter upon. Such manoeuvres are not necessary and, if begun, usually must be continued. The child is not benefited, the mother is taxed. Nevertheless the pleasure of putting one's baby to sleep in the arms often, if not always, repays the mother for the taxation, at least while it is not too heavy. And in view of the generations of our cradle-rocked and chair-tilted ancestors we cannot say that these rhythmical motions are usually injurious.

Putting a Baby to Sleep With the Rubber Nipple.—“Magic” Effects of “Sugar-Rags.”

How shall I teach my four-weeks-old girl to go to sleep alone by herself? A friend of mine accustomed her first baby to go to sleep with a rubber nipple in her mouth, which practice she kept up till she was three years old. Does this ever produce sore mouth?

Although “sugar-rags” are an abomination to me, I have been guilty of trying them after all other means have failed, and when imperative duties demand my attention. The effect has been magical, as, in almost the time it takes to tell it, she would be sound asleep. When awake she is as good and quiet as I can wish for.

Titusville, Pa.

A YOUNG MOTHER.

A four-weeks-old baby ought to sleep two-thirds of the time, if she is well. Nurse her to sleep, and when her lips slip from the nipple lay her down carefully in the crib. Unless your nurse has already accustomed her to rocking and “coddling” on the lap, you should have no trouble in getting her to lie still by the hour, sleeping or waking. Why

give her the rubber sham at all, since she will only suck in wind and form an absurd habit ?

As to the sugar-rag, the saccharine, farinaceous, and greasy foods that make up its contents seriously derange a baby's stomach. Colic, wind, and disordered bowels follow in the train of the objectionable pellets.

Experimenting with Anodynes.

Will you please tell me what anodyne is best for me to give my six-months-old baby ? She is a bad sleeper and I cannot stand being awake so much at night. I have given her chamomilla, and once or twice a drop of laudanum. Is there anything better than these?

Utica, N. Y.

K. L. B.

We advise you to give no anodyne at all nor any sleep-producing medicine, unless it is recommended by a physician after a thoughtful consideration of her case. The proper thing to do is to seek to the best of your ability, aided by your physician if necessary, for the cause of the wakefulness and remove that cause if possible. A cause exists and can usually be found.

A Night-Light in the Nursery.

What is your advice about burning a dim light in the nursery at night ? Can it have a bad effect on children's eyes ?

Henderson, N. C.

T. M. P.

The light will do no harm, especially if it be so shaded as not to fall directly upon the child's face.

Sleeping with Arms Up.

Will you please tell me whether it is injurious for a child to sleep with its arms above its head ? Our sixteen-months girl habitually sleeps in that position, and I have vainly tried to cure her ; the least

attempt to move and keep her arms down makes her toss and throw them up, and if persisted in she wakens; and as I live in the country and do my own work, I do not like to do anything that will keep me awake at night, unless it is necessary for Baby's comfort.

Lee Co., Iowa.

R. N. McC.

We have often heard objection made, particularly by "old-fashioned" nurses, to patients' sleeping with their arms up. But no reason for the objection has ever been made clear to us. We suspect it is this: If a sleeping person keeps his arms or any part of his body in a position which requires a muscular effort to maintain it, it is evident that the relaxation of perfect sleep has not occurred. The posture is probably not the cause of the imperfect sleep, but the result. But there are persons who sleep with their arms raised with perfect comfort and apparent refreshment. If, therefore, you cannot find any evidence of ill-health or any other cause for your child's habit, it seems to us better that you should let her take her sleep as she best enjoys it, taking care that her arms and chest are warmly enough clad to prevent chilling.

Sleeping in One Position.

(1) Is it harmful for a baby nearly three months old to lie on his right side nearly all the time? He has always seemed more comfortable lying in that way, and is often very restless if put on his left side. He now sleeps from 6 P. M. until nearly 5 A. M. I put him in his crib wide awake after nursing him, and leave him with a little light shining in the room and he goes to sleep alone. Would it be better to turn him over if he seems quiet and comfortable?

(2) Is it common for so young a baby to sleep so long without nourishment? Both of my babies have done so, but it seems a long time to lie in one position.

Stoneham, Mass.

M. A.

(1) Ordinarily it is better that a child should change his position. There are exceptions to most rules and there may be to this, and if the child seemed really uncomfortable upon the other side we should not distress him merely for the sake of a rule. Nevertheless, if he sleeps very long in one position we should prefer to turn him over while yet asleep, to observe whether while asleep he were apparently any less comfortable in one position than another.

(2) It is not common, but sometimes we have seen it. Perhaps it would occur oftener if attendants were more judicious.

Jumping in Sleep.

Can you explain to me why my seven-months-old little girl jumps in her sleep every few minutes, as though very much frightened, waking herself up crying? By rocking and quieting her she will fall asleep again for a few minutes, only to jump again. The slightest noise will wake her up when sound asleep at any time.

I would add that we are raising the little one on the bottle from necessity, and for a good while we thought her jumping was caused by our putting her to sleep on a full stomach just after eating; we watched her closely to ascertain if this was so, but could not come to any satisfactory conclusion. If you can give me any light as to this difficulty it would be greatly appreciated, as we have had a great deal of trouble in this direction with our little one.

Utah.

C.

To answer the question definitely is impossible, but the following hints may help you to find out the cause. You do not state whether the broken sleep has always been a characteristic of the child, but we presume that it is a rather new symptom. Most children in health sleep quietly; a disturbance of sleep is presumptive evidence of some derangement of health. The causes of this disturbance are manifold: Any rise of temperature of the body; too

much or too little covering; too high or too low a temperature in the apartments; slight local irritations, such as tender gums from a coming tooth; the presence in the digestive tract of undigested, indigestible, or irritating food, or even food that is laboriously digested; flatulence or seat-worms—not to mention more serious ailments. Your little child seems to be naturally a light sleeper, and if we were to hazard a guess it would be that the source of irritation is in connection with the digestive process.

The Pillow.

I would like very much to know your opinion in regard to pillows for little folks. Are they better off without any?

Manson, Iowa.

A MOTHER.

A very little baby does not need a formal pillow, as its mattress is often somewhat raised at the end, and the flexible little body accommodates itself to almost any manner of lying. But there can be little doubt that by the time a child is big enough really to lie upon its side it will be more comfortable if its head be *slightly* elevated. With a high pillow the neck is twisted upward; with no pillow it is twisted downward.

TEETHING.

Late Teething.

A thing that has puzzled me is your evident disapproval of late teething. I cannot think that my baby had any tendency to rickets, as he was exceptionally strong and robust, but when a year old he had only two teeth, and did not get the stomach and eye teeth until two years and a half old. He seems to have good teeth, and I had somewhere imbibed the idea that late teething made good teeth, as I knew of four children who got no teeth until about a year old, all of whom had beautiful teeth in after-years. Will you not some time give a little more fully your reasons for condemning late teething as unhealthful?

Buffalo, N. Y.

L. P. M.

We neither approve nor disapprove of late teething. Some normal differences exist as to the time of teething—the medical books set seven months as an average for the first tooth to show, but many children begin two or three months earlier, and some later. The reason we have so frequently mentioned late teething is that, by common agreement of all who have studied the subject, it is one of the signs of rickets, and it is a sign easily noticed by the mother, while she might overlook others. We have insisted a good deal on rickets, because, in its less marked forms, it is one of the commonest disorders of early childhood, and one which seems to be habitually overlooked unless it has advanced to the degree of producing deformities.

Late teething is never an advantage. A child's teeth may be delayed by rickets, and, after his recovery, come through in good enough shape, and the second set of teeth may escape damage altogether. The late examples you speak of were probably, to judge from the usual course of such cases, children who were kept on breast-milk which was really not up to the mark, and only after weaning did they get material to push their teeth with, or, if bottle-babies, they had at length become accustomed to their food.

On the other hand, late teething alone, *i. e.*, unaccompanied by any other evident derangement of health, cannot be accounted a disease.

Arrested Eruption of Teeth.

Baby is ten months of age. I was obliged to wean her at three months, and found no other food to agree with her except condensed milk. She has been taking this five times in twenty-four hours—from 6 A. M. to 6 P. M.—every three hours regularly, nothing else, and in regular quantities of $1\frac{1}{2}$ tablespoonfuls of the milk to 15 of boiled water; water once in a while. She makes no demands for food during the twelve hours of night; is well, regular, and happy. She had eight teeth when she was eight months old, but there are no signs now during these two last months of others coming. Is it not time to give her other and more nourishing and less sweet food, as she is very active and almost walking, and, if so, what do you advise?

Dorchester, Mass.

M. A. K.

There is nothing strange in the arrested eruption of the teeth. They came very fast, and there usually is a rest before the molars come and another rest before the canines appear. On general principles we dislike sweet food, but we are bound to say that in your child's case we see no evidence of its disagreeing or of the nutrition being defective.

Drooling.

Can anything be done to stop a child's "drooling"? My boy, now nearly two years old, has drooled constantly since he was two months old. He had no teeth until he was seven months old and now has sixteen. He got the bottle until a year old. He is not unnaturally thirsty, but likes something wet in his mouth and never loses an opportunity to take a wet cloth or sponge. I have spoken to two good physicians, but they seem to regard it lightly and tell me I may be thankful nothing of importance is the matter with him. Let me say that the child is as forward in everything as others of his age. Have other mothers this trouble? I cannot hear of a similar case.

St. Paul, Minn.

N. J.

We may say first, to relieve your anxiety, that the ailment in all probability "is nothing more serious than an annoyance." Quite evidently something has overstimulated the salivary glands and the child's desire to take wet things into his mouth suggests that he is conscious of an irritation of the gums. Very possibly the remaining teeth of the temporary set are in process of eruption; and when this is over the irritation will probably cease. Another possible cause is this: If there is any obstruction to free breathing through the nostrils, the opening of the mouth may stimulate the flow of saliva. At all events such cases of constant drooling are not rare.

Drooling Not Teething.

Is the time when a child begins to drool the time when "the teeth start in the gums"? When does the drooling usually begin? My boy is six months old, sleeps without waking at night, is fed four times in the day and is well and good-natured. The artificial food I use I have not seen mentioned in *BABYHOOD*, and it is excellent in every nourishing way, easily prepared, and cheap. It is bran gruel—two cups of bran to a quart of boiling water; boil nearly an hour; strain; strain again through a cloth. I am now using one-third each of gruel, water and milk.

Georgetown, Col.

A. E. P.

The drooling is not due to the teeth, but to certain changes in the condition of the salivary gland. It begins, on an average, we should say, at about four months, but varies much in degree as well as in time. It happens frequently that it coincides with or precedes the evolution of the teeth, hence has popularly been supposed to be due to the latter. Mothers often express surprise that teeth do not appear because the baby "has been teething since" such or such a time, their opinion being based upon the salivation or some other disturbance which had no particular relation to the teeth.

Is Normal Teething Painless?

Apropos of Dr. Dorning's article on "Common Disorders of Teething-time Unrelated to Teething," I would like to ask if we mothers are to infer that the teething of healthy children is without pain or discomfort? I am no believer in the theory that every derangement of the system during dentition is attributable to that as a cause; neither am I of the number whom the writer so sarcastically characterizes as "those who have an unshaken faith in the occult influence of phylacteries and the different forms of witchcraft on the teething baby." But after an experience with three strong, healthy babies of my own, I cannot readily accept the theory that—as one physician expressed it—"dentition is as painless a process as the growing of the finger-nails."

My little six-year-old, just cutting the "seven-year molars," complains frequently of soreness and discomfort of the gums. Is it irrational to believe that a younger child, with less vigor for endurance, suffers equal discomfort in cutting the first teeth, and that, using the only means of expression at his command, he becomes fretful and peevish, gradually developing more or less feverishness in consequence of the discomfort?

My youngest child, whose dentition has been very slow, cut her third incisor when she was fourteen months old. For weeks the tooth had seemed so near the surface that I expected every day to feel its edge. Then the gum became inflamed, the covering skin was hard

and tightly drawn, the child fretful. On the fourth or fifth day I discovered a small gathering of pus at one corner of the uncut tooth. I sent for my physician, who lanced the gum, freeing the tooth and giving immediate relief to the child. Is such an experience unusual, and what is the probable cause of the pus? The child has no tendency to humor of any kind, and at the time was in her usual health. Could such a case be attributed to derangement of stomach or bowels, or was I right in considering it an incident of dentition?

I ask for information, and because I believe there are other mothers who would like an answer to the question, who are perfectly willing to discard the "traditions of the elders" as to the many dangers of teething time, but who are not ready to lay aside all sympathy for a teething baby.

Any one who remembers the soreness of gums and the positive pain often attendant upon the coming of wisdom teeth, has strong ground, it seems to me, for pitying a little child whose first teeth are pricking their tedious way through the gums.

Plymouth, Mass.

K. M. S.

Let us put it in another way. Not "that the teething of healthy children is without pain and discomfort," but that pain and discomfort—if unusually great—are at least presumptive evidence that the process of the evolution of teeth is not going on in a normal or healthy way. This change is not a quibble, but a different point of view. For, first, the phrase, "a perfectly healthy child," has no meaning unless that judgment has been passed by a competent authority. We recall scores of children so described to us which were, to our mind, anything but healthy. Further, in practice we have, not so very rarely either, been asked to admire as evidence of unusual health or strength what we considered marks of disease. What is generally meant by the phrase "perfectly healthy" is that the person described does not come, or at least comes rarely, under medical care. In adult life persons who attend without complaint to their daily avocation are considered "perfectly healthy," although one may have chronic constipation, another frequent headaches,

or oft-repeated neuralgic affections, while another may have all the obscurer manifestations of gout, but escape the typical swollen toe, and so on to the end of the chapter.

Now, the change of view regarding teething which has come to the great majority of physicians who especially study children's diseases is not that they do not think that the baby suffers or that they do not sympathize with its sufferings, but that they no longer think that this suffering is natural or normal. If the child suffers much from dentition, even locally, they think that the child was not entirely well, or the reaction of a physiological process would not be so severe. Very often indeed one skilled in children's ailments can point out where the deviation from health is which probably underlies the troublesome dentition. We do not say that it "is as painless a process as the growing of the finger-nails," but many experts at least will be inclined to say that in health it ought to be. There is no manner of doubt that children's gums are often painful at dentition—we do not here discuss the remoter ailments often charged to dentition—but it is doubtful if the pain ought to be of such a nature as to disturb sleep or to cause any great discomfort. Take a case from your own letter. Your little one cuts its third incisor at the age of fourteen months, a delay so great as to be of itself sufficient cause for looking the child over carefully for a disordered condition of nutrition to account for it. Then an abscess forms in the gum. This shows very unusual irritation, and according to our present belief pus cannot form unless the necessary micro-organism has been introduced, in this case probably from without. The occurrence was "an incident" (or rather accident) "of dentition." It was probably not due to any temporary derangement of stomach and bowels, but rather primarily to that peculiarity of system which delayed dentition, and, as we said before, to the introduction of one or

other of the pus-exciting organisms into the tissue, most likely from without through handling the gum or the chewing upon some substance, as teething children often do.

The change in view, we have said, leads not to any doubt of the baby's suffering, but to giving greater attention to his condition—to the condition before and during teething with the view of preventing pain and illness. We may quote ourselves here.

“The question is at once asked : What does it matter to us in the nursery whether the many disorders attending teething are caused by it or not ? Just this : If the parents believe that dentition causes all the ailments attributed to it, they are, as we daily see, prone to consider the ailments as nearly, if not quite, as much a matter of course as the natural teething process, and they consider it useless to try to cure them until teething is complete. Moreover, by a sort of inverse reasoning, if any of the disorders which they are accustomed to regard as dependent upon dentition happen to exist, they infer that the child is teething, whether he be so or not. As a result of all these errors and confusions, it too frequently happens that disorders which might have been very tractable at the outset are allowed to progress unopposed until they reach a serious stage. If, on the contrary, we assume that teething is rarely the real cause of disease, the parent will seek some other reason for any disturbance of the system that may exist, and will endeavor to remove it, either with or without the aid of a physician. The difference of opinion is then not a simple dispute of terms, but one which has a real interest in the nursery.”

HYGIENE AND SANITATION.

Disinfectants.

Will you tell us of an article or articles to use as antiseptics and deodorants for a cesspool whose funnel-shaped opening is near the house? Dish-water and such slops only are emptied into it, and it discharges into a rapidly flowing creek about thirty feet distant.

Minneapolis, Minn.

A.

One of the cheapest articles is sulphate of iron (copperas), which may be thrown into the cesspool if it contains standing liquid; if not, dissolve the copperas in a pail of water. Common rock-salt used abundantly is useful, and more powerful than either is a mixture of salt and sulphate of zinc—say three parts of the former to four of the latter—dissolved in water and poured into the cesspool.

Ground Air from Excavations.

A serious defect in our drain renders it necessary for us to lay new pipes outside the house. This of course means the turning up of impure earth. Will you suggest some safeguard for children who, while playing outside, are somewhat near the trench? The work may take a week or more. Would you advise quinine to be given during that time?

New York.

W. S. T.

Chlorinated lime in powder or a copperas solution, sprinkled over the earth, are probably as good as anything. If in a district where fever and ague often appears, the quinine may be given in moderate doses.

Temperature of the Nursery and the Bedroom.

What is the proper temperature of the night and day nurseries?
Charlottetown, P. F. I. A PUZZLED MOTHER.

Day nursery 65° to 68°, or, at most, 70° F. Some strong children can get on at a lower temperature than 60°, but the figures set are the best average. The night temperature may be cooler, but not so very much, as the child is liable to toss its bedclothes off.

Gas Stove in the Nursery.

My nursery is over the kitchen, but cannot be heated from it. There is no room above. We rent the house. I put in last autumn a small stove to be open or shut, and burn either wood or coal, but it sent out so much gas and smoke that, it being a warm season, we seldom used it. The afternoons are not cold enough to require a fire in the room, but I must have some way of heating it before the baby comes from her bedroom in the morning. The chief difficulty with the present stove is that the hole into the chimney is rather low, and the draught is not good, especially when the kitchen stove is first lit.

Could I use a gas stove, or anything else that would not require connection with that bad chimney? Please tell me what would be the best, and, incidentally, the least expensive method of heating this room.

Washington, D. C.

W. J. M.

A gas stove of the ordinary kind is always very objectionable, because the products of combustion are left in the room, and the air is more vitiated by one, even if small, than it would be by the presence of many persons. If you can find any form of good gas heater with an escape flue for fumes it might do. The chimney certainly ought to have a separate flue for each room. Your nursery stove, in a properly constructed chimney, ought to draw all the better if the kitchen fire has already warmed the chimney. If you cannot find a

stove that will draw properly, we think the best plan would be to carry the pipe of the kitchen stove through the ceiling and into the chimney in the nursery. In your mild climate sufficient heat would probably be given off from the heated stovepipe for the needs of the nursery.

The Desirability of Keeping Water on the Stove.

I would like to ask your opinion as to the desirability of keeping a vessel of water on the nursery stove. Formerly I thought it was the proper thing to do, to keep the air moist. Then I was told that the steam was considered objectionable, inducing throat troubles. Which theory is correct?

Lancaster Co., Pa.

A MOTHER.

It is hard to prove anything as regards the effect of a vessel of water or its absence, but our own notion, which we offer for what it is worth, is this: A vessel on a stove hot enough to generate steam is not desirable except as a remedy under certain circumstances, as, for instance, in croup. But if a room is heated in such a way as to make its air too dry, a broad vessel of water standing in the room may give off enough vapor to mitigate this dryness. The vessel may be near the stove, but should not be so placed as to generate a visible steam.

Plants in the Bed-Room.

I wish to ask your advice about having plants in a bed-room. I am so situated that my bed-room must also be my nursery, and I should like to make it as attractive as possible. A bow-window affords plenty of sunshine from seven o'clock A. M. until five o'clock P. M. Is it unhealthy to have plants growing in a bed-room?

Rockwood, Tenn.

B. A. B.

Plants are not usually injurious in a room during the daytime. When there is sunlight the plants absorb carbonic acid and appropriate its carbon and set free a certain amount of oxygen. This process is not harmful, but rather the reverse, to animal life. The only harm that need be considered is that possibly arising from any considerable quantity of damp earth in the room, but this is probably very slight. But with the coming of darkness this process of absorption of carbonic acid ceases, and a certain amount of the gas is given off; just how much, of course, varies with the quantity and kind of plants in your greenery. The effect is in kind, if not in degree, very much the same as that of having another person sleeping in the room. If you can arrange your plants upon a stand with castors that can be rolled out of the room before sundown and brought back in the morning, the plants will probably be harmless; otherwise they are better away.

Proper and Improper Filters.

Will you please tell me what kind of a filter is best to use for filtering water? I have read so much both for and against filters that I had come to the conclusion that there was about as much danger in using the ordinary filter as in giving the water unfiltered, but after reading an article on "Intestinal Worms" I would like to have your opinion on the subject.

Elizabeth, N. J.

P. T. N.

If you care to buy one of the well-known "Pasteur" filters which are rather costly, and will keep it in order, you will have, we think, a safe article. Ordinary filters, we believe, do more harm than good. They strain out coarse dirt, but they are admirable culture places for all the micro-organisms found in water. Our favorite device for cleansing water is to have a number of bags made of stout flannel with strings at their mouths. One of these is tied over the

opening of the faucet and the water turned on gently ; this strains out coarse (visible) dirt. No bag should be used more than one day, and if the water is unusually dirty, the bags may be changed several times daily. They should be thoroughly boiled before being used again. If there is any reason to suppose that the water is unwholesome, it should be boiled before using. It may be kept in stoppered bottles or jugs, and if desired for drinking, a bottle may be easily cooled in the refrigerator.

The Relations of Kerosene to Diphtheria.

Is there any truth in the statement of a New York physician that diphtheria is more prevalent in homes where kerosene is used for light or fuel? This opinion has been both denied and corroborated, and I wish to know if it has, in your judgment, any foundation.

Hingham, Mass.

M. L.

We have never before heard the statement, and we know of no facts that would support such a belief. If kerosene were burnt in a room either for light or fuel, and the results of combustion not properly carried off—as happens usually when lamps or stoves without chimneys are used—of course the air would be by so much impure, and foul air from whatever cause impairs the general health, and renders the system more susceptible to nearly all forms of contagion. Beyond this nothing can be proved. In great cities gas is the ordinary source of light, and lamps are chiefly used in those dwellings which have a crowded population, and it would be very easy to say that such or such a district had a greater prevalence of diphtheria, and that also it was a district in which kerosene was much used, but there would be no evidence so far of any connection between the two facts. This method of reasoning is one of the

most pestilent sources of error in medicine. If any dependence of the disease upon the use of kerosene is to be shown it must be by strict observation and analysis of the results obtained.

Paper-Money from a Sick-Room.

My next-door neighbor borrowed twenty dollars of me a week ago. To-day he returned a twenty-dollar bill in a note of thanks by his boy. My wife saw the boy from an upper window, coming in the gate, and knew I was about to open the door to let him in. She also knew that since the money was loaned two very severe cases of measles had developed next door, the said boy having himself just previously recovered. She knew, further, that as no attempt had been made to quarantine either of the three children, this young hopeful had as likely as not just come from the sick-room. Another thing she knew was that there are two babies in our own house.

It is not strange, therefore, that at this point in my story my better three-quarters appeared on the scene; and when my better three-quarters appears on any scene in which the babies are involved it generally means business. This was the business: "Charles! Charles! whatever Willie Smith gives you, be sure to burn it up *immediately!*" "All right," I answered, "*of course* I will!" adding mentally, "all except the twenty dollars." What to do with that I didn't exactly know; but as I was on my way to the cellar to look at the furnace, I plunged the letter and envelope into the flames, putting on the draughts "one seven times hotter" than they were wont to be put on, and then pinned the bill up between the beams in a dark place by an opening into the yard, where a cold April wind was blowing through, and struck an attitude at a respectful distance with my eye on it while I paused to think. I couldn't quite make up my mind whether to let it stay there awhile and get aired out, or to pass it off as soon as possible on some unsuspecting denizen of the locality, or to take a complete record of its number, date, bank, and all particulars (it was a National Bank bill), burn it up, and then send the record to the Secretary of the Treasury, telling him the circumstances, and asking him if, in the interest of the public health, my praiseworthy act wouldn't entitle me to be indemnified by the government.

It is now eleven P. M., and that bill hangs heavily on my mind and lightly on a timber of the dining-room floor, just about under where the oldest baby sat at the supper-table. I have concluded not to sleep until I have laid the facts before you, asking, (1) Could I recover anything from the Secretary of the Treasury, or would he adjudge me daft? and (2) Is there any danger of contagion in such a case anyhow? By the time I can get an answer we will perhaps all have got safely through the measles, but the information will be good any other time.

Bridgeport, Conn.

D. Y.

We have referred your first question (or the first part of it) to the Secretary of the Treasury, who replies that "the Treasurer can entertain no demand for redemption without presentation of the note, or, if mutilated, of so much of it as will enable him to identify it."

As to whether there was any danger of contagion in this case, we think it hardly probable, but not at all impossible, and we commend the prudence dictated to you from upstairs. If the bill is still hanging on the timber and none of your family have yet had the disease, you may with a clear conscience pass it upon any denizen. In another similar case you can disinfect the bill without damaging it, by either of two easy methods: Pour a little alcohol on a piece of sulphur and burn them on a brick or flat stone, laying the bill near them, and covering all with an inverted stone jar so as to secure the fumes; or soak the bill in a two-per-cent. solution of carbolic acid and water.

Susceptibility to Second Attacks of Disease.

I have been told that a baby having a contagious disease while nursing will be liable to take it again. My little girl had the measles when ten months old. Do you think she would take them again if exposed?

Dorchester, Mass.

L. T. T.

There is no such rule. Children under six months are not very susceptible to measles or scarlet fever, and those under four months have very nearly an immunity from the latter disease. But a great many children have these diseases in the second half of the first year. It is true, also, that a good many persons have them, especially scarlatina, more than once. All any one would be justified in saying is this: If a child has measles under six months of age it is likely—other things being equal—that the child is unusually susceptible. Such a person is, of course, more liable to second infection than another. In your child's case there is no ground for unusual anxiety.

Physical Exercise for Girls.

What physical exercises are best adapted for girls as distinguished from boys? More particularly, ought girls from five to seven years of age to walk, run, and jump as much as boys of the same age?

Omaha, Neb.

M. T.

Girls from five to seven years of age may practically have the same exercises as boys of the same age, with, perhaps, only a little reserve as to heavy exercise (in proportion to age), because even at this early age the boy usually shows something of the superior muscular strength that is so marked in adult life. But they may walk, run, and jump like boys if they are not unusually excitable girls.

The Second Summer.

(1) Why is a baby's second summer always the most dreaded? My little boy is just over a year old and cannot boast of a single tooth. Will it be harder on him than if he had begun to get his teeth earlier? He is a big, fat, healthy boy, and very strong, quick to learn anything

and to imitate. What months are the best to take little ones out of the city, and do you know of a good place to go to for change from Brooklyn, not too far away?

(2) How ought a baby, expected in July, to be dressed—with just a linen shirt or linen and flannel both?

Brooklyn.

M. R. B.

(1) We do not know why the second summer is so much dreaded. It is not more fatal than the first; on the contrary, is much less so. The only explanation we ever heard of this peculiar dread was from a lady who said: "It is because the baby lost in its second summer is much more missed than one lost in its first." We do not know that teething will be harder because it is late; but if the child has reached a year without teeth he is probably not so strong as he looks. If you can be away so long, leave the city from the middle of June to the middle of September. If you must be in town some of that time, it is usually safer to stay in until July than to return too early. Probably the south side of Long Island is your most accessible place that is salubrious.

(2) Linen and flannel both, or at all events something woolen over the linen shirt.

Baby Powder.

What kind of starch or chalk do you consider innocuous used as baby powder?

CARTHAGE.

Buy the best starch and pound it into powder, sifting it through coarse Swiss muslin or cheese-cloth. Perfume it with orris-root, and you have a harmless "baby-powder." Avoid the chalk as a toilet article. It has use in certain conditions of irritated skin, but should not be used habitually.

CONSTIPATION.

A "Symposium" on Constipation.

I.

Don't you think suppositories of *castile soap* are preferable to bar-soap? The old-fashioned molasses suppositories work more kindly with my children than anything else for constipation.

F.

II.

In my experiences with two very constipated children I found that the use of soap and a roll of paper induced piles—quite as great an evil as constipation.

My method, which entirely cured my babies of constipation, was to rub and knead the bowels with oil thoroughly every night and morning, and to put them on the stool at a regular time each day. With this treatment I adopted a laxative diet for myself, and when they were weaned gave them as laxative food as possible.

I am persuaded that the use of soap, stick-candy, or paper, which produces an irritation of the rectum, is not always wise.

Washington, D. C.

C. M. C.

III.

I would like to state my experience with a "constipated baby." From the time my baby was three weeks old till she became six months of age she never had a natural movement. Every day we were compelled to give her an enema. This was caused, we have always thought, by the monthly nurse giving the baby paregoric "on the sly," because she was tired of changing the napkins so often, the

baby's bowels having been particularly free up to this time. I nursed the baby and was in perfect health, but never could succeed in so changing my own diet as to cause the baby's bowels to move spontaneously. Finally the following very simple remedy was suggested to me by a physician, a friend of the family. Take loaf-sugar and dissolve in as little cold water as possible, thereby making a thick syrup. Give the baby one teaspoonful of this (or more as she grows older) *immediately before* nursing, or feeding if bottle-fed. Be sure to give it before, not after, eating, as in the latter case the result is very apt to be a sour stomach. From the time I heard of this up to the present (she is now two years and nine months old) my baby has never had an enema, and by its use, as I believe, her bowels have been made as regular as could be desired.

New York.

E. C. C.

The experience of C. M. C. of course justifies her abandoning the suppositories. But, judging from considerable personal experience and the reports of many others, the soap rarely has such an effect. There are some persons (adults) so sensitive as to complain of being irritated by so unirritating a thing as a well-oiled syringe nozzle, but this is rare. One source of irritation in the use of suppositories is the pressing too firmly in introducing them. If the point is introduced into the seat and a very little time is allowed to elapse before pressing further, the first spasm of the muscle relaxes and the pencil is readily introduced. The soap is often made less irritating by scraping it and forming a suppository of the scrapings. This is introduced easily and is not hard. We have never known real piles (as distinguished from an irritation of the anus) produced by the use of any of the suppositories recommended, but we accept our correspondent's diagnosis.

The castile soap has the advantage over other soaps of being usually a well-made and bland soap and less irritating, and it is so far preferable. There are children, however, whose bowels seem to need the stimulus of the coarser variety. The candy suppository has "the wisdom of our fathers" in its

favor. It is quite useful for adults as well. Akin to the effect of candy is E. C. C.'s recommendation of syrup of cane-sugar. Owing to its tendency to sour we have suggested the use of malt in the food as a laxative, as we have found it to work well, and so far have not noticed the souring to follow.

The regulation of the mother's diet is important. The friction and kneading of the bowels has some value. But in the regularity of putting the child upon the stool C. M. C. touches the most important point of all. Of course it is inapplicable to very young infants, but in adult life, as well as in childhood, the rigid following of this rule often cures constipation without any medicinal treatment at all. There is excellent physiological reason for it which we have no space to go into here.

Water against Constipation.

Will you tell me if I ought to force my six-months-old boy to take water frequently? He seems to dislike it, and always fights against it. I am careful not to have the water too cold, and have tried to make him take it from a spoon and from a tumbler. He has never had any food but breast-milk, and is very constipated. I almost regularly use an enema of warm water. I am constantly afraid that this will injure him, but, after waiting two or three days, resort to it rather than to laxatives. I am perfectly well and strong, not subject to constipation, and have a good appetite, and drink no fluid except water. He seems to thrive on my milk, being always well and the picture of health. Will time and change of food cure him of constipation, and is it the result of his drinking so little water?

Baltimore, Md.

R. P.

No, he need not be forced. It would probably mitigate his constipation in part if he would take the water, but it is not so necessary at his age that you need fight it into him. The constipation probably will yield to change of food, but in the meantime you may feel clear that the enemas are less likely to do harm than the constipation is.

Magnesia as a Laxative.

Is there any harm that can possibly be done by feeding magnesia? I was advised to use it in the cream food in place of the lime-water on account of its laxative effect. Baby, eight months old, is badly troubled with constipation. I put about half a teaspoonful into each of the five or six feedings per day.

Claremont, N. H.

R. C.

Magnesia is probably not so harmful as was formerly supposed. It is soluble and laxative only in combination with some acid, which acid may be met in the alimentary canal. The older physicians always gave warning of the danger of masses forming in the bowels. This may have occurred, but must have been very rare, as magnesia has been given very freely as a domestic remedy. On the other hand, it is not a desirable remedy. If a laxative antacid be desired, bicarbonate of soda has all of the advantages of magnesia without its alleged disadvantages.

Constipation in a "Bottle Baby."

Will you please tell me what I can do to relieve my baby of constipation? He is four months old and has always been troubled with it. For a long time I was obliged to use a soap suppository or water injection very frequently. My physician at last prescribed castoria, but I find I must give it very frequently to keep the passage from being hard and balled.

I have been obliged to use a bottle for him almost from the first. I have used cow's milk entirely for him. He has had a great deal of colic and indigestion, though he is relieved of much of that now, yet he still has to be trotted and patted a great deal to get rid of the gas and sour milk in his stomach.

I shall be very grateful if you can tell me of anything I can do to effect a cure of these disorders.

Sandwich, Ill.

M. R. S.

To answer off-hand is more than we can do. Constipation is an extremely common ailment in infants, particularly if bottle-fed. How much you have diluted the cow's milk and with what we do not know. We may say, first, that the hard "balled" passages are suggestive of an excess of casein, and the constipation would perhaps yield in part to the freer use of sugar and cream with the milk. So, too, usually the use of oatmeal gruel not too finely strained for dilution is often somewhat laxative. The colic, indigestion and constipation we take to be parts of the same derangement of the digestive process.

As to medication we prefer for habitual use the introduction of a suppository or an enema to the administration of a laxative. The soap pencil, the pencil of molasses candy, or, most efficient of all, the glycerine suppository, are very useful. Very often the most persistent care is necessary to keep the bowels relieved until the child is old enough to eat and digest a mixed dietary. We have followed a good many children who were troubled with constipation in infancy, and found them entirely and satisfactorily regular by two and-a-half to three years of age.

Constant Use of Suppositories.

Is there danger in using suppositories almost daily to induce action of the bowels that the baby will get to depend upon artificial aid and thus fail to use necessary effort as he grows older?

INEXPERIENCED.

It depends upon the constituents of the suppositories. Simple cocoa butter, or the glycerine suppository, or soap or molasses candy suppositories we have never found harmful. As the child grows older and can properly digest a more varied diet, the constipation is likely to be cured.

DIGESTIVE DIFFICULTIES.

Trouble at Six Months.

Our baby boy is five months and three weeks old. His mother's milk not agreeing with him, he has been a "bottle baby" from the first, and has always had a stomach and bowel trouble. It has been impossible to find any food to agree with him for more than two weeks at a time. Besides the infants' foods sold by druggists, we have used sterilized milk, top milk and "cream food," and are now for the second time on top milk. Whatever we give him has agreed with him at the start, and he has flourished for a few days, then he becomes fussy, his stomach sour, he is filled with wind and his bowel trouble increases—all this in spite of liberal use of lime-water.

The bowel trouble, so our doctor tells us, is that somewhere, apparently where the small intestine enters the large, there is a failure of the proper secretions. The result is that the *fæces* stop there and harden into lumps, so that often the evacuation is attended with pain and only accomplished after severe straining. We have used glycerine suppositories, and they have helped; we also use massage treatment and injections; besides this, we have used, for a month, under the doctor's instructions, physic—salts and a mixture of *nux vomica* and *belladonna*—in connection with his food. But the trouble is worse rather than better. He does not respond as quickly to the suppository. A larger amount of water is required in the injection, the lumps seem to form more constantly, a larger proportion of the *fæces* being lumpy, and his bowels seem to be more sensitive, for he will not sleep when before he would—that is, he wakes and requires to be relieved of lumps that before would not appear to trouble his sleep. During these six months he has had very few natural movements in which he has not required assistance.

He never has taken anything cold into his stomach, requiring all his drinks to be quite warm, and will strangle rather than swallow cold water or take his food even cool. He formerly would take anything we offered him between feedings—peppermint, warm lime-water, anise or warm water—but lately he has not been satisfied with, or willing to take, anything except food.

He weighed $9\frac{1}{2}$ pounds when born, and now weighs $15\frac{1}{4}$ —both times without clothing. His flesh is hard and he is very strong, but lacks endurance.

What do you suggest as to food, to treatment of the bowels, and as to the reason for the antipathy to cold drinks?

Blue Hill, Me.

D.

First of all we must say that our advice is not in any way to displace that of the physician, which you will need to follow systematically; but we may give a few hints of what occurs to us in reading your letter.

You ask three different questions—(1) as to food, (2) as to the condition of the bowels, (3) as to drink. As no temperatures are given we interpret the phrases “cold” and “quite warm” in their ordinary sense—“cold” water of about usual drinking temperature when not iced, i.e., 40 to 60 degrees Fahr.; “quite warm” as meaning considerably above blood heat. (We may mention in passing that it is not easy to estimate the value of these vague terms, as we see at table one person sipping with pleasure coffee or tea at a heat which is uncomfortable or painful to another. Many wish their coffee above 150 degrees Fahr., and almost anyone drinks it above 120 degrees, at least when first poured.) Starting with this premise, we would say that there is no reason why a child should like a drink much below 80 degrees Fahr. unless he has become accustomed to it. Breast milk flows into the child’s mouth at a temperature of about $98\frac{1}{2}$ degrees Fahr., or if the gland is actively secreting perhaps a trifle higher. This being the infant’s standard, everything is regulated by it, and it is better that everything given to a

young child should approximate this temperature. Attendants often err in making infant food decidedly hot, and presently Baby is brought by its hunger to tolerate this heat, and thereafter gets a habit of taking hot food. If this is so in your case, it would be a reason why a natural antipathy to cold drinks should be exaggerated. Moreover, if the child's food is given too hot, it may be a contributing cause to the condition of the bowels. We do not feel sure of our facts as to temperature, and so do not dwell on this element of cause.

We have considered your third question first. The condition of the bowels appears to depend largely upon the question of food, and in answering your first question we shall mainly answer the second. When foods disagree, the cause may be some feebleness of digestive power, but much more commonly it is a faulty composition of the food or a wrong method of giving it. If the digestive power be really below the average, the food must be made as digestible as possible, and the digestion be aided by digestive ferments—pepsin, pancreatine, etc.—according to the views of the attending physician as to the special situation of the disability. If the food alone or its administration be at fault, correction of these things will be sufficient.

As to the present case, we may remark that no child of six months ought to have had so many foods tried upon it. Nothing can have been really and properly tried. The proper way with any food which has a reasonable ground for being tried at all would be this: If after a while it seems to disagree, try to find out why it disagrees and modify it accordingly. Such trials take time, patience and intelligence on the part of physicians and parents, but they ultimately succeed.

The condition of the stools suggests that the amount of casein ingested is too great for the child's digestion. This

may be due to faulty composition of food or too large or too frequent meals, and, as before suggested, the heat of the food may have aggravated the trouble. As to Baby's unwillingness to take it at the proper temperature, only this need be said, a very little hunger will overcome his objection. Babies never deny themselves food to any dangerous degree on question of taste.

We have not been able to answer your questions categorically, but have given what hints we could. Among the foods that seem likely to succeed, we may mention milk prepared with peptogenic milk powder, the preparation having a larger proportion of water than is usually directed, given in small quantities. The medicinal treatment your physician must direct in detail and step by step.

Unassimilated Food.

My baby, now ten months old, was a perfect picture of health until July, when, on account of the poor quality of my milk, I weaned her. Even while I was still nursing her, her passages were slimy, though of a good color. She is now almost worn to a skeleton. The doctor says her food does not assimilate, and we cannot find any food that nourishes her completely. Any food containing milk we cannot give her. We have been in the Adirondacks all summer, and for a while she seemed to gain, and then would have diarrhoea more like dysentery, and that would reduce her again. Is there anything you can suggest that I might do?

G. E. E.

Where milk in its ordinary state cannot be borne, sometimes preparations of milk (canned milk) or milk food (Nestlé's, for instance) will be tolerated. If not, then peptones of meat (such as Carnrick's or Sarcopetones) may be, either when used alone or in soups or broths prepared in the usual way. There are many other things that may be substituted, but for a child as ill as yours the dietary should be planned by your own physician.

Apparent Overfeeding.

My little girl, four weeks old, seems to be troubled with indigestion. She spits up so much after nursing that it seems scarcely possible that her stomach has retained any of the milk. Then almost immediately she is hungry again. I nurse her quite regularly every two and a half hours, and seem to have plenty for her. Sometimes the milk is curdled when she raises it, but more frequently not.

She is troubled and restless after nursing, and often cries out when spitting up. She weighed $7\frac{3}{4}$ pounds when born, and now weighs $10\frac{1}{2}$ pounds. Her bowels are moved three or four times in twenty-four hours; the color is good, but there are curds in the movements, and she almost always cries before the bowels are moved. Those I have consulted say, "spitting up makes a fat baby," and "it is healthy," but it does not seem to me to be right. Can you advise what is best to do?

Princeton, N. J.

F. W. R.

The symptoms are very suggestive of over-distention of the stomach. A child at four weeks can rarely take comfortably more than two fluid ounces (four tablespoonfuls), and if your flow of milk is large, and particularly if it contain a good deal of solid matter—butter, casein, etc.—the regurgitation would very likely follow. If the trouble still continues we should see that she gets smaller meals. The repeated demands for food are the results of the indigestion, not of normal hunger.

Indigestion.

My baby boy is just six months old, has one tooth, and another visible. I nursed him partly until five months; since then he gets pure cow's milk, sterilized, lime-water in every bottle, each bottle holding six ounces. His meals he gets regularly, three hours apart. He has always, with the exception of the last few weeks, been well, his digestion having been perfect until lately, but now he has stool sometimes five and six times in twenty-four hours, and he has no appetite whatever; his sleep also has been restless since teething began. I am

much worried about the boy and would be very grateful to you if you could tell me something that I could do for him in order to relieve his trouble.

Ought I to put cream in his milk ; what can I do for his appetite ; must I change his food, and if so, what shall it be ?

Chicago.

E. S. A.

A child of six months usually cannot safely take pure (*i. e.*, undiluted) cow's milk. The average baby of twelve months finds it all that he can digest. You ought not certainly to add cream unless to a much diluted milk. We favor "cream foods," but they are not made by adding cream to milk alone. One of the best has this composition : Milk, four tablespoonfuls ; cream, six tablespoonfuls ; water, twenty tablespoonfuls ; milk sugar, a tablespoonful slightly heaped. After sterilizing, add two tablespoonfuls of lime-water. This, as you see, makes a pint of food. But you can probably do better than that now by simply diluting the milk with an equal bulk of boiled water, the lime-water to be included in this amount of water. Probably his appetite will improve when his dietary is more suitable.

COLDS.

Taking Cold Easily.

(1) My baby nearly two years old takes cold very easily. I never know how. She perspires easily. When asleep, with only a little covering, her head will very soon be wet. Her feet, too, perspire easily; in fact, her stockings are almost always damp and her feet often cold. Of course I know she needs some constitutional remedy for this, and I do use something when she isn't taking other medicine for a cold, but is there anything I can do locally?

(2) How long should she stay in her bath? She loves to play in the water and I want to give her the pleasure as long as I can.

Osage, Iowa.

MOTHER.

(1) The two symptoms mentioned, sweating of the head and easily taking cold, are suggestive of that form of malnutrition known as rachitis or rickets. If this exists, the remedy lies in nutritious and digestible food, cool sponging of the skin, and whatever else goes to make up sound hygiene. Sometimes tonics are needed. But the preventing of the colds by proper hygiene is far better than dosing for them.

(2) Not long, we think. A good way to bathe her is to have her stand in a tub with enough warm (not hot) water to cover the feet, while she is quickly sponged over with water of the temperature of 60 degrees or cooler.

Fresh Air and Colds.

I would like to know if a child six months old that has not been out of the house for many weeks ought, in your opinion, to be taken out during the winter on moderately pleasant days. The child is not very large or strong for her age, and is raised on the bottle; she discharges from the nose as if she had a cold most of the time.

Ogden, Utah Ter.

M. C.

The facts given are too few to enable us to answer definitely, but from the following general remarks you may be able to make an application to your baby's case: In the first place, we do not believe in taking out children in all kinds of weather regardless of consequences, which is a part of the senseless "hardening" theory. The safe rule is, we think, this: Children ought to be regularly sent out except when there is rain, or when, by reason of great cold and very high wind, they cannot be kept comfortable. On such days we believe in the value of a promenade, the child dressed as for an out-door walk, in a room which has been thoroughly opened to the air. In this way it can get something of a change without exposure. But there are some children who do not seem to do well if allowed to go out of doors on any but the "bright and airless" days. This is particularly noticeable in the city when the streets are loaded with mud or slush, and we think evil effects are more noticeable in children who are old enough to walk than in infants. This may be attributed to the inactivity of the children who walk slowly along on the sidewalks or are obliged to stand at street corners while a conversation is carried on by those in charge. The children whose animal spirits lead them into continuous romping out of doors suffer less. Be the cause what it may, some children, as we have said, do not well endure their daily walk, and are in less frequent need of medical advice when kept in on all but very fine days. Going out seems to keep them supplied with "colds" and other little ailments. But before the attempt to take the child out is given up one should make sure that the attendant inconveniences are unavoidable. If there were not so frequent an assumption to the contrary, it would be unnecessary to say that there is no deleterious element in out-door air that is not in in-door air; our in-door supply must come from without, and we certainly do not

purify it in our dwellings. What we do avoid in-doors is a too low temperature and the violent force of winds and, to some extent, the all-pervading dust.

If possible, let the child be carried. Your six-months' baby probably could be ; this gives her the warmth of the arms of the person carrying her. But see to it that she is well protected *everywhere*, not only about the head and trunk, but about the legs. Many a little child we meet whose legs protrude helplessly from its finery. If the child is in long clothes, let them be not too fine to be doubled up or folded around the legs. They are for warmth, not for decorative art. If it has reached the age of short clothes, and is to be carried, we prefer to knitted leggings, with the shoes protruding, a petticoat of short flannel or a blanket, sewed up at the bottom like the sleeping-bag of camp-life. This keeps the feet warm, while allowing the legs freedom of motion.

A word as to the "cold." This term is so fixed in our speech that it is useless to quarrel with it. It is only necessary to mention here that the symptoms are not always, and perhaps not usually, due to the chilling of the person. And when the trouble is persistent, as in the present case, this is almost certainly not the cause. There may be a local cause in the nose, or the trouble may depend upon the feebleness of constitution of which you speak. Perhaps this feebleness is to some extent kept up by the child's lack of fresh air. At all events the cause of the discharge ought to be inquired into.

Cold in the Head.

My baby is almost nine months old and weighs about 20 pounds, exclusive of clothing. She seems strong and active, but has had two or three troublesome head colds and is inclined to constipation. She has two teeth, which were cut without any trouble, is fed entirely from the breast, and usually takes six meals during the twenty-four hours.

(1) Our house is quite "drafty," so that Baby is kept a good deal in her high chair and carriage. Ought she to exercise on the floor?

(2) Is there anything to do for a cold in the head except to apply vaseline about the nose and forehead?

INEXPERIENCED.

(1) It is not necessary for her to be on the floor, but she should have opportunity to use her limbs. The high chair is confining; the carriage is better. Why not let her play upon a bed with sides to keep her from falling off, which would be still better?

(2) Various solutions can be used in the form of spray from an atomizer. But you would better not select the solution without medical advice. The vaseline should be used in the nose rather than around it. Warm the vaseline, and if you have no vaseline atomizer put it into the nostril with a soft camel's hair brush or by dropping in a little.

"Starving a Cold."

You would oblige me if you would state whether a young child having a cold should be kept on a very plain diet while the cold lasts. Do you believe in what is commonly called "starving a cold"? My little five-year-old niece has been coughing for some time and looks pale, yet she is generally contented and happy. Would it be best to give her gruel, milk and water, etc., and but very little meat, while the cold lasts? Should she be kept very quiet and sleep as much as possible?

M. M.

The proverb from which our correspondent quotes is quite as often reversed; indeed, we first learned it, "*stuff* a cold and starve a fever." The question, as specifically put, is also too vague to be answered categorically, since so many ailments go under the name of "a cold." But we may answer in a general way thus: This child has been coughing for some time and has probably a catarrh of the throat

or windpipe. She is somewhat depressed by it, as shown by her paleness. As far, then, as the diet needs supervision, it should be with the purpose of securing good nutrition with easy digestion. The milk, if good, answers both indications. The gruels, if milk-gruels, are also useful. If she can easily digest a little meat in the early part of the day it may be allowed, but it will not be needed if plenty of milk be taken. Good, nutritious broths, not greasy, are also good ; so sometimes are fresh eggs. It will be noticed that while the food in question is "light" in the sense of liquid, it is exceedingly nutritious and that it gives no endorsement at all of any starvation theory. Great confusion exists popularly as to what is nutritious diet. Much food that would be very nutritious to a robust adult digestion is only wasted and irritating when put into a stomach that cannot manage it.

Nasal Catarrh of Three Months' Standing.

My little girl is now three months old and has been troubled with the "snuffles" since she was one week old. At night it troubles her very much and makes her restless. I have rubbed vaseline on her nose and inserted it into the nostrils, but without much effect. Can you tell me of anything that will help or cure it?

Brooklyn.

M. S.

The treatment consists in keeping the child's general health in the best possible condition, and the avoidance of heated rooms, as well as of draughts and chilling, on the one hand, and, if the trouble persists, in local treatment on the other. But practically, in a child so young, nothing can be done locally beyond careful cleansing of the nostrils. There are various kinds of "snuffles," depending upon constitutional causes, which may be cured by proper treatment.

WHOOPING COUGH.

Supposed Ignorance of Physicians Concerning Whooping Cough.

Two of my children, one two years old and the other five, have had whooping cough rather mildly for the last two months, but I think they are on the mend. What would improve their case?

I regret to say that the medical faculty do not seem to know much more about it than was known fifty years ago.

Montreal, Can.

J. W. N.

Whooping cough is a disease if not of fixed, at least of prolonged, course. The "medical faculty" know a great deal more about it than they did fifty years ago. But medical science usually does not, and we suspect will not, abbreviate the course of diseases of an infectious nature after they are well begun. What has been accomplished in many of them is this: To recognize their natural career, the accidents and dangerous complications attending them; to point out the best means of avoiding or treating the latter, and of mitigating symptoms and hastening convalescence. Most of all science has pointed out means of avoiding contagion.

Now, as to the particular cases in hand. The children are mending, and in all probability will soon be cured. But we can offer you a few hints which may be serviceable. First of all, winter is coming and in your climate will come soon. It is very desirable not to enter the cold season with

the bronchitis of whooping cough still lingering, because of its tendency to exacerbations and to chest complications. See to it, therefore, that your little ones are properly clothed from throat to foot, evenly, warmly, but not burdensomely. Try to keep your indoor temperature moderate (not above 70 degrees, preferably nearer 65 degrees) and as uniform as possible. Regulate their outdoor clothing each day by the thermometer, which will probably vary a good deal in the coming months. Try to teach the habit of breathing through the nostrils, as mouth breathing is likely to excite cough in children recovering from whooping cough. Many little details will occur to you which we have not space for.

Secondly, attend to the diet and to the digestion, as any derangement of the stomach aggravates the tendency to cough and to recurrences. If there is any marked dietary trouble medicinal remedies will be needed, tonics, stomachics, etc., according to the nature of the derangement.

Beyond these points we need not specify, except that abundant and pure air in or out of doors is always a tonic. By pure air we do not mean harsh air, nor gales of wind which may bring anything but purity with them.

Contagion of Whooping-Cough.

I wish to inquire about whooping cough. Can it be carried from one child to another without the two children being together? At what time in the duration of whooping-cough does one child give it to another?

Logan, Ohio.

SUBSCRIBER.

The poison, or contagium, of whooping-cough is generally supposed to be very volatile, *i. e.*, easily spread about in the air. It therefore is very easily contagious if a sufferer be brought near others who are not protected, while for the

same reason the poison is thought not to cling to apparel, and hence to be not portable, at least any considerable distance. The disease is communicable from a person as long as the cough continues.

Severity of Whooping-Cough in Relation to Age.

Does whooping-cough generally "go harder" with infants, say seven or eight months old, than with children somewhat older, other things being equal?

Manchester, Ky.

W.

We cannot answer the question in the precise form in which it is put; that is, to say whether the severity of the disease is greater at seven or eight months than at a somewhat later period, because we do not know how much older children you have in mind. This, however, we can say: The mortality from whooping-cough—doubtless chiefly from pulmonary complications—is much greater in young children than in those of what is called "the school age." In fact the mortality is chiefly under three, indeed even under two years of age. The actual per centum loss, however, in children of ordinary strength and well cared for, is not very great, although among the poor and neglected classes the disease and its sequels account for an enormous total mortality. In the mild season the danger of pulmonary complications is less, and hence the danger from the disease is less.

ERUPTIONS.

The Characteristics of Mild and of Serious Eruptions.

Is there any way of telling the difference between a little harmless rash—heat rash, so called, for example—and that of scarlet fever, measles, etc. ? If it was the beginning of a severe case, of course the other symptoms would make themselves known ; but how would it be in a light case, and with an infant, who couldn't tell its feeling ?

I have a little nephew about three months old, who, when his mamma was just about to bathe him one morning, exhibited a slight rash. She was rather in a dilemma, not knowing whether it amounted to anything or not, and whether she should give the baby his usual bath and send him out for his airing in the carriage, or call in her physician. She finally decided that it didn't amount to anything, and her judgment in this case proved correct ; but think if she had been wrong and the result serious !

Jamaica Plain, Mass.

A SEEKER AFTER TRUTH.

The differences are not easy to describe in words, and it is said that in hot weather even physicians have mistaken German measles and some other eruptive disorders for prickly heat. The most striking distinction to the untrained eye between scarlatina and prickly heat we think is the elevation of the eruption of prickly heat above the skin. It is composed of minute conical elevations with or without a watery liquid in a vesicle at the top, and the inequality can be recognized by passing the fingers over the surface. The eruption of scarlatina is made of minute bright red

points, afterward coalescing, appearing first on the neck, and then on the chest, and spreading, and brightest when covered. Measles has a duller red eruption, which appears in crescentic patches on the face first, and is brightest where exposed. German measles looks more like measles at first, and then more like scarlatina. Prickly heat is most abundant on or confined to parts where the clothing retains the perspiration. It comes almost exclusively in hot weather. The eruptive fevers are more prevalent in the cooler season—*i. e.*, the season of closed and unventilated houses.

“Driving in” Eczema.

Is it really dangerous to try and heal eczema on a child's face? My baby was afflicted with it until eight months old, and I was warned not to attempt to heal it, as that would “drive it in” and produce some form of sickness as a result. Our physician prescribed zinc ointment (which did no good) and said the ailment would probably last until Baby had all her teeth; then it would pass away. At Grandmother's suggestion, however, I tried a mild solution of salt and water when washing Baby's face, following that each time with talcum powder, and this did more good than anything else. Then we went to the seashore, where Baby had the salt air and sea water for a final plunge after each bath (the chill taken off by the addition of plain hot water), and within a couple of weeks the eczema had disappeared. We remained by the sea until Baby was ten months old, and the eczema has never returned in the same degree, but only in occasional patches during the cutting of a tooth or some little disorder of the stomach, such as babies have. If there is danger in curing the eczema ordinarily, why did no ill results follow the natural cure performed by the sea?

A. Z.

There is no danger whatever in treating an eczema; it cannot be “driven in.” The blunder—a very wide-spread one popularly—came about thus: Eczema sometimes depends upon constitutional conditions that vary their points of manifestation; when a new point is attacked, the eczema

sometimes disappears. So, too, it is a very common observation that two diseases rarely will go on actively at the same time ; hence it has been observed that an eczema has disappeared when an internal disease in no way connected with it has been set up. In such cases the eczema might be said to be "called in."

Eczema and other skin diseases should be always healed as soon as practicable. The notions about "driving in" eruptions are ordinarily simple superstitions, and at best are founded on the misapprehension of cause and effect. When a severe illness occurs eruptions sometimes fade, and the careless observer thinks that the illness was caused by the disappearance of the skin disease, when the reverse was the truth. We may, however, say that such eruptions are often very obstinate and hard to cure.

Heat-Rash.

My little girl, twenty months old, is much troubled with heat-rash. We bathe her with bicarbonate of soda and water, and use zinc or lycopodium powder ; but neither seems to do her any good. Can you recommend any different treatment ? Would it be well to use vaseline ? She has lately been having a good deal of bowel and stomach trouble ; but that is accounted for by the fact that she is just getting her stomach and eye teeth. We feed her, by our doctor's advice, on oatmeal gruel and milk entirely. Is barley equally nutritious, and would it be less heating to her blood ? Would it be well for her to wear linen or lawn next her skin under her thin merino shirt ? The rash usually comes out on her face and neck with every warm spell, but this time it is all over her body and I don't know what to do for it.

Georgia.

MARIETTA.

Derangement of the digestive tract often increases the susceptibility of the skin, and anything that relieves the former will in so far help the other. Just what things your

child needs in this way your physician can best say. The heat-rash is usually kept up by the excessive perspiration, and the lessening of the latter is also helpful. Limiting as far as possible the child's activity of course will diminish perspiration ; sometimes the use of alkaline drinks is useful, but they should not be employed without the consent of the physician who is familiar with her stomach trouble. Again, light and loose clothing—which may at the same time be sufficiently warm to prevent chilling—is very useful, the worst irritation from heat-rash usually being at points where the clothing binds. The lawn or linen shirt under the merino is often useful in allaying friction. Barley is of about the same nutritive value as oatmeal, but less laxative. Some persons find oatmeal “heating,” in the sense of favoring eruptions.

Red Gum.

My baby-girl is six months old to-day. She is plump and usually good. At the age of two months she had red gum, and it was some weeks before she recovered. It, the rash, remained the longest and brightest wherever the wet napkin touched, and even yet comes and goes there. An orange stain is often present. The opening into the bladder is also a *bright* red. She has been of a very constipated habit, but by giving her a little “brown-bread coffee,” I now secure a daily movement. I have been able for over a month now to see four teeth, the upper front ones, but they are not yet through.

My hope is that you can give me definite directions as regards her urine, and also tell me when and how I had best wean her. I have plenty of milk, when I can get it myself to drink (just now the people with whom I am boarding have but little), and have nursed her regularly until six weeks ago, every two hours in the day—once at night—and since then every three hours.

Montgomery Centre, Vt.

F. J.

The "red gum" and the present rash, are not, strictly speaking, the same, but that is a point of small moment. The eruption under the napkin is very common, especially if the urine be very acid, as it probably is when the orange deposit is present. To correct this tendency (which is probably due to peculiarities of digestion) in a child on the breast is not easy. Something may be done by giving her water, and we think the condition will probably improve, since you have adopted the three-hour rule in place of the two-hour interval, which was continued rather long. Locally, washing the parts with weak alkaline washes—*e. g.*, lime-water, or very weak soda solution—will allay irritation. If the skin is irritated, great care should be exercised in cleansing the parts frequently, carefully drying them and powdering or dusting them with fuller's earth or similar preparations.

"Black-Heads."

I wish to ask your opinion regarding a certain condition of the skin which is unpleasant to behold. I refer to the choking-up of the little glands on the forehead and around the mouth, which become blackened and are known as "black-heads." Then the pores of the skin of the nose are enlarged and minute fatty particles can be pressed out. This gives to the skin a greasy look. I have asked a physician about the cause, thinking perhaps it was an impurity of the blood. But he claims it is not, and that he knows of nothing to remedy it. I have kept the pores of the skin of the whole body open by frequent bathing, thinking that might be of benefit. Sometimes she has little elevations which are like little pimples, but when they are squeezed out it is just the same fatty substance which exudes—not pus. I would state that her diet has been carefully watched and only the simplest food allowed. Are these appearances of the skin, especially the little fatty pimples, due to the state of the blood? What course of treatment could you advise me to pursue in order to have the pores of my little girl's face clean, pure, and healthy?

Ohio.

A FRIEND.

The ailment is easily recognized. The medical name of the eruption is *comedo*. The natural sebaceous follicles are filled or distended with their secretion (sebum), and the dark head is caused by the deposit of dust, or possibly, as some think, by a formation of pigment. The situations most generally affected are the nose and its neighborhood, the forehead and temples, and the upper part of the back.

Constitutional treatment is sometimes necessary, but ordinarily purely local treatment suffices. It consists first of squeezing out the contents of the follicles. This may be done with finger-nails, better by means of a large watch-key, or, still better, a small cylindrical tube with a smooth end, which is less likely to injure the skin. The hollow end is placed over the "black-head," and smart, abrupt pressure forces the latter out of the follicle.

Directly after the use of the instrument on the various points the parts are to be bathed with hot water to diminish the irritation. In addition, the glands are to be stimulated by the daily use of good soap. If this proves too irritating, warm bran-water in which a little borax is dissolved may be used. If the skin is unpleasantly shiny after the use of soap, rub it with a soft flannel or lightly powder it. But, except among ladies, this shininess of the skin is rarely considered worth notice.

Hives—The Cause and Cure.

Will you kindly tell me if there is any cure for hives? I have a little boy, now eighteen months old, who is perfectly healthy in every respect, but is greatly troubled with hives, and has been since his birth. He has been raised on condensed milk, Eagle brand, and has only commenced to take solid food within the last two months. I can't observe that his diet has much to do with it. He appears to inherit the trouble from me.

Oakland, Cal.

C. S. B.

It should be mentioned that the term "hives" is a popular name for several disorders of quite various character. First, it means croup, especially catarrhal croup. This application of the term seems to be not common in America, but it survives in the popular remedy for croup now passing out of use—"hive-syrup." Secondly, the name is applied to various skin eruptions, and particularly to *urticaria*, or nettle rash. In answering we shall assume that this is the disease meant by our correspondent.

Both the scientific and popular names just mentioned are derived from that of the stinging nettle (several species of *urtica*), which produces this eruption if it touches the skin, at least in many persons. The eruption is composed of wheals, raised above the surface a sixteenth of an inch or more, which are white or pink and surrounded by a red blush. Ordinarily they are not much larger than a finger end or a cent; in severe cases they form large patches, and it is not rare to see the face swollen by them until it resembles the face of one afflicted with an erysipelatous inflammation. The outbreaks are usually quite sudden, and often they as quickly subside. Many persons are very subject to the disorder, particularly those of a nervous temperament.

The causes are very various. External irritations of many kinds may excite it. Beside the nettle, which stings by its minute sharp hairs, many stinging insects cause it. A stroke of a whip-lash is a well-known instance of an external irritant causing the wheal. We have seen persons whose skin, particularly after a bath, would rise in the track of a simple pressure of a finger-tip. The skin of some persons is chronically in this state of excitability.

Internal causes are also very various. Most common of all is a sensibility to certain things taken into the stomach, some of which affect many persons. Of these the most familiar are fish, oysters, clams, lobsters, crabs and berries, nota-

bly strawberries. Less frequently vegetables, such as cucumbers and mushrooms, may be the offending food, and some persons are affected by eggs or honey. Many persons are affected only at certain seasons or occasionally, others pretty uniformly by some particular article of diet. The peculiarity does not seem to be always connected with an indigestion, as the effect is sometimes too prompt, occurring almost before the food is swallowed. There are many drugs which produce *urticaria* in susceptible people.

Now, to effect a cure is often extremely difficult; often, on the other hand, very easy. This depends in part upon the varying character of the ailment as to pertinacity and upon the good fortune of the physician in ascertaining what is the particular cause in any given case. The successful remedies may, for the greater part, be classed under three heads: (1) Those which clear the intestinal canal of the offending substance, if food seems to be the cause of the trouble. The household remedy of rhubarb and soda, or rhubarb and magnesia, maintains its place among such. (2) Remedies which act as antiseptics upon imperfectly digested or fermenting food. Among the most popular of these are sodium salicylate and sulphurous acid, or the sulphites. (3) In cases more or less chronic, tonics, especially Peruvian bark and its derivatives, are very useful.

For the temporary alleviation of the itching, sponging with alkaline solution (soda and water) or with alcohol or the rubbing on of an ointment containing chloroform seems to be as successful as anything we know.

The main point, however, is to find out the cause, and in the case of your baby we think the most probable source of mischief lies in the intestinal canal. An occasional clearing out of the bowels with the rhubarb and soda, and possibly a tonic, will be the safest plan.

MINOR AILMENTS AND TROUBLES.

Excessive Sweating of the Head.

My baby is six months old, and kept remarkably fat during the intensely hot weather. She suffered little from the heat, but her head was covered with big drops of perspiration when she ate and the pillow on which she sleeps was saturated. As yet she has no teeth. I read that three grains of phosphate of lime twice a day would prevent the perspiration on the head. Would you advise giving it, and do you think she is old enough to have trouble in cutting her first teeth?

Memphis, Tenn.

M. G. C.

She is old enough to be getting teeth, but there is no particular reason why she should have trouble in doing so. They may be late. If the sweating occurs in any but very hot weather the phosphate of lime would probably be of use, but we presume that a preparation of the hypophosphites would be better.

Cold Feet as a Consequence of Short Clothes.

Can you tell me how to keep my little girl's feet warm through the day? She is eight months old, has always been strong and well, is plump, and has rosy cheeks. I put her into short clothes a month ago, putting on long woollen stockings and the little soft, solid shoes that come for the first wearing. At night, when I undress her, her little feet are very cold and clammy.

Haverhill, Mass.

S.

It is not very easy to keep the feet of a baby quite warm who is short-coated in winter. The first effect of shoes is rather to retard the circulation in the feet by diminishing the play of the muscles. Little ones who are very vigorous often have the feet and hands considerably colder than the body or the limbs. The best way we know is to have the shoes *and stockings* very large, to make sure that the feet are quite warm when put into their coverings, and if this alone does not succeed, to take off the shoes and stockings in the middle of the day, rub and warm the feet, and reclothe them. See also that the napkins are not so tight as to prevent exercise of the limbs.

Sore Mouth.

My baby is troubled with a very sore mouth, which is exceedingly painful when she drinks. I have heard of bottle babies suffering thus for months, the ulcers often leaving scars for years. Is this the common fate of all poor babies who must nurse from a bottle, and is there no preventive or cure? It seems to be a rubber poison. I have read of silver and porcelain nipples, but have been unable to find any. Do you know where such articles can be purchased? If I can get any help from you for these troubles I shall be very grateful.

Spencer, Ind.

M. P.

It is not the "common fate" of bottle babies. Some babies who are feeble get sore mouths, whether on the bottle or the breast. The commonest cause of sore mouths is neglect of the details of tidiness. The rubber nipples should be carefully scrubbed and cleaned, and such cleansing would be just as necessary if you had metal, porcelain, or even glass nipples. Besides, the child's mouth should be cleansed before nursing, and quite thoroughly after nursing, if a tendency to sore mouth exists. Ordinary borax or boric acid solutions are good, but others are used according to the condition of the mouth, as directed by the physician.

Metal and porcelain nipples are objectionable, especially the metal, even if they can be obtained. We have not seen one in a great while. The old ivory mouth-piece, too, has gone into deserved retirement. Rubber nipples of good quality, if properly cared for, will give you little trouble, we think.

Coated Tongue.

My two little girls have always been very healthy children, neither having had even the common eruptions or rashes incidental to infancy ; but the elder, three years and a half old, has always had a white-coated tongue, except at very rare intervals. She is the picture of fair, robust, rosy childhood, perfectly sound in every way apparently. Can you account for this seemingly incongruous case ? I sometimes feel anxious about it, as such a tongue is usually regarded as indicating a disordered stomach ; but this cannot be so, as I am and always have been particular as to food, regular hours and habits, clothing, etc., which are such as I think you would approve of.

St. John, N. B.

E. B. H.

We cannot, of course, tell why the child's tongue is white. It is noticeable in some children and adults without any corresponding symptoms of stomach disorder. And we have noticed that some persons when using a milk diet, even if with pleasure and apparent benefit, have a slight whitish coat or coloration upon the tongue. If you can find no other evidence of ill-health we think you may safely disregard the symptom.

"Three-Months' Colic."

Please tell me something about the legitimate remedies for "three months' colic" in infants. I am entirely without experience, and, with the advice of nurses, friends, and doctors, have rung the changes on "Dewees's Carminative," catnip-tea, soda-mint, gin and fennel, etc. Are these all harmful ?

New Orleans, La.

B.

Catnip-tea, given hot, and soda mint, dissolved in hot water, are both safe and useful in relieving colic. But it is best to search for causes. Children have colic at all ages. It is, perhaps, more frequent at the age mentioned than earlier, because the little one has gained more independence of action, kicks its covers off and so gets chilled, and is in warm climates or seasons often placed upon the floor. Besides—and perhaps this is most important of all—certain processes of development in the intestinal canal make the child at this age more susceptible to derangement from all causes. A child that has shown the colicky tendency should be carefully protected about the bowels at all times; should not be allowed to become constipated; if fed, should have its food prepared with great circumspection; if suckled, its mouth and the nipple should be kept particularly clean to avoid any source of fermentation which might act upon the milk.

Colic and Teething.

Will cutting the lateral incisors give a baby colic? It seems to in the case of my baby, ten months old. I give her capsicum tablets for it. Is there anything better that you can recommend?

Nahant, Mass.

M. B. H.

The cutting of teeth is charged with many digestive disorders. The latter are, however, now attributed, by those giving attention to such things, more frequently to changes in the development of the digestive organs which occur at the same period with teething. It is, therefore, safer to say such symptoms accompany rather than depend upon teething. Capsicum, the oils of mint and anise, in the shape of cordials, or the tincture of the drug-shops—a few drops in hot water—and many other things will relieve colic. Hot water alone is often efficient. Better is it, if possible, to remove the cause.

Colic Accompanying Nursing.

What is the cause of my baby-girl, two-and-a-half months old, having colic *when she nurses*? She may have been perfectly quiet before she began, and oftentimes will only take one or two swallows when the colic strikes her, and it is only by working with her for some time that she can get enough to satisfy her. The only time that she is not troubled is the one time that she nurses during the night.

Two physicians have given her simple remedies for indigestion, but they had no effect; others said the milk came too fast, but the above sentence disproves that, as naturally at night it comes faster than at any other time. Can you tell me what the cause is? She sometimes sleeps the whole morning, and anyway is nursed only every two-and-three-quarter hours, yet always has it. Have you ever had a similar case? I have not met any one that had ever heard of it. I am not alarmed about it, but I should like to know something to relieve her at that time when she ought certainly to be easy. She is not one bit sick, but, on the contrary, is thriving nicely.

St. Louis, Mo.

A.

Such cases are by no means rare in infancy or in later childhood—that is to say, the taking of food into the stomach excites prematurely the stomach and intestines to action. We do not know enough of your condition of health or of your baby's to tell you what is the exact cause in this case. Sometimes the trouble is due to over-irritability of the digestive tract in the child, sometimes to some unsuitableness of the food—milk, or whatever it may be. In older children, as well as in infants, it is not rare to see a meal—whether from breast, bottle, or from table—frequently or even usually interrupted by a movement of the bowels. Doubtless your baby's case belongs to the same group, although the effect seems to be limited to colicky pain. The fact that the disturbance is less marked at night does not quite clear up the matter, because your milk might be better for your rest, or Baby's digestion better for her rest. Take *one* of your two physicians and let him follow out the matter.

The Cause and Cure of Hiccough.

My baby, a little girl now seven and a half months old, has always been troubled with hiccough. For the first three months her food was what nature provided ; then that proved insufficient, and the insufficiency was made good by cow's milk, upon which she has thrived. It is now her only food, and she is healthy, hearty and happy, but is troubled very often with hiccoughs. She has them as often as four or five times some days, and perhaps next day will not have a single attack. She is now fed at intervals of four hours during the day, and gets one light meal at night.

I have sought information of my nurse and of persons who have had large experience with children, and have received the uniform, highly unsatisfactory reply : "Babies who have hiccoughs always thrive." Can you throw some light on the probable cause and suggest a remedy ? I have used liquor of pepsin, sugar and sweetened water (both warm and cold). They give only temporary relief. I would like to strike at the root of the matter. I hope your reply may help other inexperienced mothers.

Cedar Rapids, Iowa.

L. H. D.

Hiccough is a spasmodic contraction of the diaphragm, which arises from a multitude of causes. While in some diseases it is a grave symptom, it is usually only a passing annoyance, and of this type is common hiccough of babies. The real physiological reasons of hiccough are not well understood, but the exciting causes are. For babies the commonest causes are simple over-fulness of the stomach, or pressure upward of the stomach or abdominal organs from any cause (tossing the baby or a sudden motion from alarm may excite it). What the particular cause in any given case is, only a close observer of that case can tell.

Some of our correspondents have commented on the value of crying as a remedy. Recently in several medical journals the fact that sneezing is a cure has been discussed. The explanation of both seems to be this: Hiccough is a disturbance of the ordinary respiratory movements ; so is sneezing and so is crying. If the one disturbance comes on,

the other ceases. Every one must have noticed the similarity between hiccough and the violent sobs following a hard fit of crying with some children. It is not necessary that a person actually sneeze to produce the desired effect ; tickling or gentle irritation of the nasal mucous membrane is usually enough to stop the hiccough.

This remedy, it has been pointed out by Dr. Gibson, is as old as Hippocrates, who says : "Sneezing occurring after hiccough removes the hiccough." Dr. Burnett, in a letter to the *Medical Record*, says :

"When devoting a leisure hour to Plato's Dialogues, as translated by Jowett, I was struck by a passage in the Symposium which had never arrested my attention before. Translated by Jowett, it stands thus : 'When Pausanias came to a pause, Aristodemus said that the turn of Aristophanes was next, but that either he had eaten too much, or from some other cause he had the hiccough, and was obliged to change with Eryximachus, the physician, who was reclining on the couch below him. 'Eryximachus,' said he, 'you ought either to stop my hiccough or to speak in my turn until I am better.' 'I will do both,' said Eryximachus. 'I will speak in your turn, and do you speak in mine ; and while I am speaking, let me recommend you to hold your breath, and, if this fails, then to gargle with a little water ; and if the hiccough still continues, tickle your nose with something and sneeze ; and if you sneeze once or twice, even the most violent hiccough is sure to go. In the meantime I will take your turn, and you shall take mine.' 'I will do as you prescribe,' said Aristophanes ; 'and now get on.'"

"The hiccough was not cured by the first nor by the second remedy suggested by Eryximachus, but by the production of sneezing. The method of tickling the nostrils has been tested by us in cases of obstinate hiccough, and has been very suc-

cessful. It is not necessary that the stimulus applied to the nose be followed by sneezing; the application of a gentle irritant to the nasal mucous membrane may be quite enough to put a stop to the hiccough, by diverting the nervous energy into other channels although it may not be of sufficient power to induce sneezing."

Need all Children Hiccough?

Do all babies have hiccough? I have three, and they all have had hiccough more or less. They have been exceptionally free from any digestive disturbance, outside of that; their bowels have been regular, they have had red tongues, sweet breaths, etc. It has only been as tiny babies that they have had hiccough; but I have wondered sometimes if there ever was a baby so perfectly managed that it never had this sign of indigestion.

Boston, Mass.

HICCOUGHS.

Probably all or nearly all babies have had hiccough at some time, while only a minority have the symptoms often or habitually. We cannot even admit that it is always a sign of indigestion. If you notice the troubles that excite hiccough in larger children or adults, you will see that it is not usually caused by indigestion proper. Over-distention of the stomach, and, perhaps, more commonly too rapid eating bring on this peculiar spasmodic action of the diaphragm.

Excessive Nose-Bleeding.

My baby, six months old, had a severe attack of "nose-bleed." She woke from a sound sleep, and blood commenced flowing and continued for some ten minutes. Is such an occurrence a rare thing for an infant? or does it indicate some serious trouble? She was perfectly well before the attack, and seems so since. Can you suggest a way to stop the flow should it again occur? Our family doctor says he never knew of a similar case, and volunteers no opinion.

New York.

INQUIRER.

It is an unusual case. If it recurs, the safest and quickest remedy we can suggest is syringing the nose with quite cold or hot water. A hot solution of alum is also quite efficient—a teaspoonful of powdered alum to a pint of hot water. If it should again occur, however, the nose should be examined thoroughly to see if any local cause—a small sore or anything of the kind—exists. This is sometimes the case, and a little local treatment may save much bleeding, which is particularly desirable, as babies feel the loss of blood relatively more than adults.

Gritting the Teeth; Worms.

My baby grits his teeth terribly when asleep at night. His grandmother and I have thought he had worms, and I have given him several enemas of strong salt and water, but I have seen nothing that looked to me like a worm. His seat has been broken out and has itched fearfully, and the enemas seem to have benefited both these troubles; at least they have disappeared. Of late Baby's urine has looked rather greasy on the surface. He is apparently in perfect health, but has a very small appetite, and would starve before he would eat really proper food. Whether this be so or not, he seems to crave "grown-up" food and digests it perfectly. He is two years and eight months old, was nursed till sixteen months, and carefully fed till after two years old. He has always been well and strong, but not very fat. Now he eats almost what we do, and is growing fat and rosy. The only trouble he has is this appearance (to me) of worms. Do you think we are right in our theory, and what do you recommend?

New York.

AN ANXIOUS MOTHER.

Gritting the teeth in the sleep is not necessarily, or even usually, a sign of worms. It may proceed from any irritation, very often in the digestive tract. If a child shows the condition of urine you describe, we should look for digestive derangement; this, added to the eruption on the seat and the gritting aforesaid, make a strong probability that he is suffering as might be expected of a child of his age who takes "grown-up" food. If he is put upon a proper diet, irre-

spective of his notions, he will presently yield the point and eat what he can get. It is, however, cruel to expect a child who has been indulged in this respect to sit at the same table with you without demanding your diet. He ought to be fed before your meals, and by himself.

We are often at a loss to guess what is the standard of perfect health used by many persons. Your child is so described. Yet you mention small and capricious appetite, disordered urine, a skin-eruption and disturbed sleep as the source of your anxiety about him.

Persistent Itching of the Nose.

Our little girl of fourteen weeks is terribly troubled with an itching nose. Can you suggest the cause or remedy? She is a plump, strong and rosy-cheeked baby, and has never had anything but breast-milk until two weeks ago; at that time she was very constipated, with curd in the passages, and the physician advised giving her two meals per day of Mellin's food; she has five meals, three hours apart; she does not nurse at night; the food now seems well digested, and she has one good passage a day. She often wakes crying and trying to rub her nose on the blanket, and when lying on her side will turn over on her little face and rub it back and forth on the pillow. Her face has had scratches nearly all over given by the little fingers, aimed for her nose. As soon as it begins to itch badly she wants to nurse and will suck her fist with great gusto. The doctor thought it some kind of abdominal irritation and gave her medicine which does no perceptible good. He thinks her too young for worms. She has had this trouble ever since she was old enough to make any attempt to rub her nose, perhaps five or six weeks ago. Do you think it can be worms, and is she too young to take worm medicine? She "drools" a great deal and bites my fingers very hard when I wash her mouth, though there is no sign of teeth. She has been almost spoiled the last few weeks out of our sympathy for her trouble, which wakens and worries her at all hours of the day or night. I have tried every way I could think of to chafe her nose, using my hand, a coarse towel, her hair-brush, etc. If you can give me any light on the subject I shall be deeply grateful.

San Jose, Cal.

F. H. H.

It would be well first of all to see if there is anything in the child's apparel that might cause the itching. Some fabrics, as, for instance, the "squirrel's-fur" yarn, have a light nap, which is easily detached, and excites, by being inhaled, great irritation of the nose. Still in this case, if we must hazard an opinion, the trouble is probably due, as the physician suggested, to some "abdominal irritation." The presence of worms is not probable, and we may say that the itching of the nose, which is so often pointed out as a symptom of worms, is due, we believe, not to the presence of the worms themselves, but to the co-existing intestinal disorders. As to treatment, we would suggest that the chafing of the nose be done as little as possible, but that soothing applications be used. Very weak solutions of carbolic acid have been found useful ; so, too, have solutions of bi-carbonate of soda and many other things which your physician can suggest. Above all persist in your attempts to discover the digestive disorder which probably lies behind the irritation described.

Swollen Tonsils.

My little boy, who is just four years old, is troubled with swollen tonsils. During sleep he snores distressingly, and he has frequent colds in the head. Our physician thinks it would be best to cut the tonsils, but I dread the operation, and many friends, some of them experienced mothers, warn me against allowing the operation to be performed. They tell me that he may outgrow the trouble ; that the operation, performed at this early age, might have to be repeated, and that, as he is the picture of rosy health, the swollen tonsils and labored breathing at night cannot be doing him any injury. I am very much troubled about the matter, and am anxious to have your advice. Does this condition of the throat predispose to diphtheria? What home-treatment would you suggest to diminish the swelling?

New York.

A. A. M.

Of course it is impossible for us to give an opinion on this or any other particular case; but in a general way something may be said. Even if the phrase "swollen tonsils" be limited in meaning to express only a condition of some duration, it does not always mean the same thing. In health the tonsil is very small—so small that some who have studied throat diseases particularly think that it does not exist in the sense of being a visible prominence. Now, when the tonsil becomes enlarged and remains so it may be from removable causes and conditions, or it may not. Stripped of all technicality, the one group of cases may be considered as those in which much of the enlargement is due to an excess of blood in the tissues, and the other group embraces cases in which actual overgrowth of the tonsil has occurred. In the former cases the enlargement may diminish until the tonsil, while still larger than proper, gives no very great trouble. In the latter the most experienced observers doubt if any treatment short of removal of the tonsil by some means is of much value. The popular ideas about outgrowing the condition are based partly upon the false assumption that what is really a considerably enlarged tonsil is the natural state of things, and partly upon the inability of non-professional observers to distinguish between the temporary swelling of the tonsils, the chronically engorged tonsils, and the really overgrown tonsils. Now, the opinion of the most "experienced mother" can be of no value here. She cannot, at the outside, have seen more than two or three cases of the last-mentioned variety. It is fair to presume that if you have a family physician you have chosen him because you believe him to be skilful and conscientious. That being the case, it is probable that such a man would not advise cutting off the tonsils if he believed he could accomplish a cure by any less severe method. If you are not content to rely on his judgment alone, get that

of another physician, but do not ask or accept lay advice. So much for the "outgrowing" of the disease. As to the need of repeating the operation, only this need be said: The operator does not undertake to put the patient in better health than he had before the disease began. It is very common to find people who suppose that after an operation they can with impunity follow the same faulty course of life that originally caused the disease for which the operation was made. If the tonsils are removed the same care must be observed to prevent new trouble as would be requisite to cure the enlargement if it were of the kind curable without operation. As a matter of experience, however, it is true that if the tonsil is *thoroughly* removed at first a second operation is rarely, if ever, required. "Outgrowing" the disease is a bad name, since it conveys the idea that the simple lapse of time and increase of stature are sufficient for the purpose. This is only the case when improved health comes with the lapse of time. And in this disease this improvement is the result of very persistent watching as to all the details of hygiene, local and general, in the widest sense of the word.

This may sound strange as applied to one who is the "picture of rosy health," but we have so often heard this epithet applied to children who did not at all correspond to a physician's idea of health—indeed, have so often been asked to admire the very evidences of disease—that we are obliged to disregard such general statements.

While there is every reason to suppose that diphtheria is due to a special poison, it is also true (to quote from a well known authority) that "any abnormal state of the mucous membrane . . . affords an excellent abode for diphtheria." The home-treatment is suggested in what has already been said regarding hygiene.

The Signs of Worms.

My little girl, aged three years and five months, a sunny-haired, blue-eyed "bonnie lassie," has been so robust most of her life as to make her German name, Gretchen, seem quite appropriate. She was taken sick about the 20th of May with severe vomiting and was very ill for days. I made up my mind afterward that it was the grippe. She had very high fever and coughed a long time after recovering otherwise.

In July she seemed to have some intestinal catarrh. Though free from the diarrhœa now, she complains constantly at meal-time, and occasionally between times, of "stomach-ache." She has very dark circles under her eyes and is very unusually irritable.

I am far from competent physicians, though the Japanese doctors about us frequently do us a good turn.

Can I do anything special in the line of tonic treatment? Has she, perhaps, worms? After the sickness in May, which I called the grippe (the doctor called it whooping cough, but she never gave a suggestion of a whoop!), she passed one long worm.

I shall be most grateful for any suggestions.

Shonai, Yamagata Ken, Japan.

G.

To distinguish the ordinary intestinal catarrh from that which accompanies intestinal parasites, in default of the ocular demonstration of the worms, is practically impossible. Nor can one always say whether the worms are the cause of the catarrh, or the catarrhal condition renders the development of the parasite possible. This, too, even when the case is under observation, since the classical old wives' signs of worms are really but symptoms of gastro-intestinal irritation. It is, therefore, impracticable to say anything definite about a case at a distance. But the previous existence of worms, as demonstrated, makes it rather probable that, similar symptoms continuing, others may be in the canal. It would be entirely proper to give a safe vermifuge—such as two grains of santonine night and morning for a couple of days, to be followed by a laxative. If you have no drugs at hand, you may find that common salt, a well-

known vermifuge in Oriental countries, will be sufficient in doses of 10 grains given three or four times a day. The doses may be given, if preferred, by rather over-salting the food. It has the advantage in these doses of being a tonic to the digestion. We may add that cod-liver oil, by its tonic effect, tends indirectly to destroy worms.

Pin-Worms.

Our baby is a year old, and has always been very well and strong. A few weeks ago, however, I found she was troubled with pin-worms. I used injections of aloes, and they soon disappeared, but after a few weeks returned, but under the same treatment she is free from them again. I would like to inquire the cause of these little pests, and if there is any way to get rid of them entirely. I had supposed worms were caused by improper food, but as Baby had never taken anything besides breast milk, that idea was discarded.

Vincennes, Ind.

K.

The cause of pin-worms is always the introduction into the body of worms or their eggs. The worms may crawl from one child to another, while the eggs are obtained in various ways. They may cling to the finger nails of another child who has the worms and who has been scratching its seat; they may be upon articles which the baby has access to, and so on indefinitely. Dogs often are sources of infection, especially if they are allowed to lick a child's face or mouth. We cannot, of course, tell the source of infection in the case of your baby.

"Worms."

I notice that you suggest worms as a possible cause of a child's restlessness at night. Will you please tell something of this trouble, its symptoms, and remedies? Is it very common, or is indigestion often wrongly called "worms"?

Galesville, Wis.

A. B.

You are right; indigestion is often mistaken for "worms," and that convenient word is made to cover a wide extent of ignorance. Intestinal worms, however, are not uncommon, and sometimes really are the cause of symptoms. The worm which most commonly disturbs sleep is the *oxyuris vermicularis*, commonly called pin-worm, thread-worm, or seat-worm. By day these worms usually excite little disturbance, but at night, perhaps owing to the recumbency of the patient or the warmth of the bed, they create a severe itching and burning of the seat which may disturb or prevent sleep. In some excitable children marked nervous symptoms may ensue.

The treatment consists of great personal tidiness and laxatives to carry off the worms. The itching is allayed by the removal of the worms from the seat, and this is usually most readily done by injections of soapsuds or of salt and water. Olive-oil injections are useful also. Unaffected children should not be allowed to sleep with affected ones, as the parasites may be communicated.

Flatulence.

My boy is ten weeks old, and ever since he was two weeks old I have nursed him four times a day and have fed him on Ridge's food three times a day—i.e., in twenty-four hours. He is troubled greatly with generated wind on the stomach. Would you kindly explain what this is due to? Do you think it is the food, and would you suggest a change? The food seems to agree with him otherwise, for he weighs fifteen pounds, and feels well after nursing, although he feels uneasy and distressed after his bottle.

Milwaukee, Wis.

A SUBSCRIBER.

As many infants entirely suckled are troubled with flatulence, we cannot certainly say that the food causes it in this instance. Nevertheless, we think that if the amount of flatulence was really troublesome we should try something else. Why not good milk properly diluted?

Night-Terror.

My little boy is two years old, and all his life has been subject to violent passions of crying in the night, and instead of his growing out of them, although not so frequent, they are more violent.

He goes to bed quite happy, but about 11 or 12 o'clock he begins to cry and moan, which gradually increases to screaming; he seems not to know me, and if I touch him, kicks and struggles. His eyes are open. I generally put my hand on him to hold him quiet and smooth his forehead with the other. Suddenly he is himself again, and asks to hold my hand or asks for a handkerchief to wipe his eyes, and after that I have no more fears of his crying again. He then lies awake for an hour or two, talking to himself, going through his little repertoire of words, until he falls asleep.

He wakes next morning quite bright and evidently having forgotten the commotion of the night, but he is heavy-eyed and rather irritable. As a rule he is an unusually merry, bright, intelligent child, with a wonderful memory. Has any mother had the same experience? It seems almost like hysterics. He has cut all his teeth excepting the two large double ones. Can you suggest a cure?

England.

A WORRIED MOTHER.

The case is pretty clearly one of "night-terror," a disorder of sleep peculiar to children. The trouble is akin to, but not the same, as ordinary nightmare. If there is no question of epilepsy—in this case there seems to be none—the usual result is recovery. These terrors occur in those children who are weakly, nervous, or anæmic, or who have rheumatic or gouty peculiarities by inheritance or otherwise. Besides, various irritations, such as teething, derangements of the digestive organs, including worms, and any kind of mental excitement or strain, are also considered causes, and probably the presence of imperfectly digested food in the alimentary canal ought to be placed at the head of these. Perhaps from these hints you can reach the cause in the case of your child.

DEFECTS AND BLEMISHES.

Umbilical Growth.

I have a little nephew fifteen months old who has a navel rupture admitted to have been caused at the time of his birth. A small portion of what appears like proud-flesh protrudes slightly, and occasionally bleeds a little. It constantly exudes a watery matter, and must be kept covered with soft linen, which becomes thoroughly stained each day. The child seems to suffer no inconvenience from the rupture, running and jumping with unusual strength for his age; we are not positive that there is tenderness under pressure. He is, however, troublesome to dress and care for, and there is also a fear that the evil may increase, or that sometime a hemorrhage may ensue. A local physician has ordered applications of lunar caustic; burnt alum and sugar, and other astringent remedies, have also been applied, with no effect. What is your advice as to treatment?

Boston.

A. E. W.

The ailment is probably not a rupture, but the description corresponds to a kind of fungous growth sometimes observed at the navel. If astringents fail, as they seem to have done in this case, the application of the actual cautery (hot iron), which is not very painful, although appalling to the imagination, generally effects a cure. The treatment should be carried out by a competent surgeon, who could give an anæsthetic if desirable.

Round Shoulders.

My little girl, four years of age, is forty inches tall and weighs thirty-three pounds—a gain of three-and-a-half inches and four pounds for the last year. She has always been tall and slender, and from the time she began to walk we noticed a tendency to round shoulders—a tendency which has slowly developed until it is now quite marked. Her father's family, with the exception of her father himself and one brother, are all very markedly round-shouldered, one case of it in the family amounting to deformity. I have tried, long and patiently, speaking to the child and reminding her to hold herself straight, but

she never remembers more than two seconds at a time, and my efforts result in flat failure. I wish to know if I should put braces on her this fall, and, if not, should I do so at a later time?

She has always been delicate until the last six or eight months. Though not what one could call a very robust child, she seems perfectly well, has a fair appetite for plain, wholesome food and an excellent digestion, is regular in her habits, and sleeps soundly and well from ten to eleven-and-one-half hours out of the twenty-four.

St. Louis.

L. H. H.

First make sure that near-sight has nothing to do with the tendency to stoop, although in so young a child it is not so likely to be the cause as in one who has begun to use books. Speaking to a child rarely, if ever, does any good in this complaint. The stoop is not the result of desire or of indolence ; it is usually due to some feebleness of the muscles of the back, which may indeed be hereditary, as you seem to suppose it to be in this case. The cure is general strengthening of the child and gymnastic exercise of the muscles of the back and shoulders, which she can get at a calisthenic class. If there is any spinal trouble a support suitable to the particular case should be prepared or selected by the surgeon who has charge of the case. The use of braces depends upon the degree of stoop in the shoulders ; if it is great, or if the exercises do not diminish it, the braces are worth trying. For directions as to the kind needed you should consult one of the best surgeons in your city.

Fear of Bow-Legs.

Our baby is a bouncing big one, weighing about twenty-eight pounds at a year old. The subject of bow-legs is a serious one with us, and we do not allow him to follow his inclination to walk in consequence. Some say that lime-water will prevent it, and the ounce of prevention is what we want. What do you advise?

C. G. N.

You do not say why bow-legs are anticipated by you. The commonest cause of bow-legs is rickets—a disease which is characterized, in its full expression, by deformities of the bone, due to deficiency of phosphate of lime in the bones as well as overgrowth of the organic parts. The lime-water has been used very much as a remedy for rickets, and so indirectly to prevent bow-legs. It is not a preventive of bow-legs except when rickets exists. But rickets, being a disease of nutrition, it is best met and prevented by careful watching in this direction, and if any evidences of the early stages of the malady exist they should be attended to promptly and the disease arrested. A child should be allowed, as a rule, to follow its own impulse about getting upon its feet. It should not be placed on its feet except, perhaps, when struggling to get there of itself. But when a child is able to get up alone it is very difficult to hinder it, and there is rarely any reason for doing so.

A Confirmed Habit of Stumbling.

Is there any remedy but “moral suasion” for a confirmed habit of *stumbling* on the part of an active boy between five and six years old? There is no evidence of weakness in his legs or ankles, yet it is a very usual thing for him to fall at the slightest obstacle, like a projecting paving-stone or any other unevenness in the street, or even in the house, like a door-sill. Severe bruises and bumps appear to convey no lesson, and as it seems to be only a habit of extreme carelessness we appeal to you to suggest the best punishment. The matter is rendered very serious to-day by a fall, while running, in which our boy struck his forehead on a sharp stone, making two or three mutilations which will probably leave permanent scars, to say nothing of the present pain, which will keep him housed for nursing for some days. We tremble to think of what the consequence would have been had the stone struck his eye instead.

Stapleton, N. Y.

D.

Differences in natural agility are very great. Further, clumsiness is often increased by certain illnesses. For instance, some diseases, like scarlatina and diphtheria, which have often paralytic sequels, sometimes are followed by a certain clumsiness of gait, which depends upon no recognizable paralytic condition. We can recall children whose gait after such diseases was strong and enduring, but whose feet fell like hammers. Again, some ailments cause a diminution of that harmony of movement called co-ordination; this is one of the results of phimosis. The harmfulness of phimosis has been much exaggerated; nevertheless, in every case of excessive clumsiness in a boy this possible cause should be inquired into. In any case, we should not think of punishment to cure stumbling. If judicious coaxing and "slowing down" will not break the habit, punishment will not, but will rather render the child more self-conscious, and therefore more clumsy.

A Tongue-Tied Baby.

What shall be done for the baby that is tongue-tied? Shall the string be cut?

Townsend, Mass.

N.

"Tongue-tied" means that the natural bridle under the tongue is so much shorter than usual as to inconvenience the child in some way. It is rarely as much of a hindrance to speech as is supposed, because if the child's tongue is free enough for it to suck well, it is free enough for speaking. Occasionally, but rarely, a child is born with so short a tongue-bridle as to prevent nursing, and in such cases cutting of the bridle is demanded. In other cases it is not really called for, although sometimes done in obedience to a popular belief. The cutting is a trivial matter, if done by a competent person.

"Whopper-Jaw."

My baby is now over ten months old. She has cut the upper and lower central incisors, and is now getting the lateral incisors. The under teeth shut over the upper ones. Is there any danger of her being "whopper-jawed" when she has all her teeth? If so, can anything be done to prevent it? Her mouth when closed appears perfect, though the teeth are as I have described.

Nahant, Mass.

M. B. H.

The projection of the under-jaw, rather than the teeth themselves, usually causes the condition of "whopper-jaw," and it is doubtful whether it can be artificially modified. If the condition continues and appears dependent upon the teeth, your dentist can tell you if their position can be rectified.

Deaf-Mutism.

What would you think of a child, nearly three years old, who did not say a single word? I do not mean one who has a language of his own, unintelligible to others, the simple fact being that he does not attempt to utter a word, and it is very hard to see that he comprehends when spoken to. I have in mind a little fellow who is causing us much anxiety on account of his backwardness about talking, or rather of his not speaking. What would you advise?

New York.

A GRANDMOTHER.

Such a child should be first of all examined for deaf-mutism, and, if it hears well, some one familiar with such matters should inquire into its intelligence. In order to ascertain whether the child hears, the aurist relies upon the tuning-fork, whistle, and bell, or instruments producing noises of a similar character. In applying any of these tests it is necessary to be on one's guard and exclude the possibility of the child having its attention called to the various testing-objects by senses other than that of hearing. For instance, the mother may test with a whistle; the child turns at once and she reasons that it has heard the sound. This, however, may not have been the case; the blast of air

leaving the whistle may have impinged upon the child's face, and this may have caused it to turn around. In like manner, a child may turn because it feels the vibrations transmitted by the floor, following the violent closure of a door; yet this action on the part of the child may be wrongfully attributed to its having heard the noise.

An important peculiarity of deaf-mutes, though not in itself an absolute proof, is their manner of expressing their desires through gestures, and their impatience and anger when not understood at once. One of the most important signs, of course, is the fact that the child does not begin to talk when it should. No mother should accept the verdict of deaf-mutism until such an opinion has been given by a competent aurist after he has examined the child's ears. A child may, as a result of being born so, or as the consequence of disease of the ear after birth, whether this has been noticed or not, be very hard of hearing and yet not be absolutely deaf. If nothing be done for such a child, its deafness becomes worse from disuse of the organ of hearing, and finally may become absolute; whilst if proper training and treatment had been instituted in such a case, some amelioration of the defect may have been achieved.

Freckles.

You will perhaps be inclined to smile at the vanity of a mother who asks for a remedy against freckles; but the affair is not so unimportant as it may seem to many. If we are at all justified in trying to improve our personal appearance, why should it be wrong or trivial to struggle against freckles, which darken and disfigure so many otherwise bright faces? If they would confine themselves to boys perhaps they might be tolerated, but in the case of my own children, at least, they attack both sexes with equal impartiality, not sparing even my little girl baby of fourteen months. If still possible, I should like to save her from the fate of her brothers and sisters. Is there a remedy? Of course, I know it would be wrong to try to remove freckles by any-

thing that might injure the skin ; but is there nothing harmless that could be used to advantage ? Is it advisable to avoid exposure to the sun ? Will broad-brimmed hats be of any use in keeping the fiend off ?

Kansas City, Mo.

G. S.

Freckles are annoying, and are often apparently very disturbing to those who set much store by their complexion. These peculiar pigment deposits are usually confined to the parts of the person which are exposed to the light—the face and hands, namely—and are therefore not easily concealed. Although it is true that they sometimes appear upon the clothed parts of the body, yet there is very good reason to believe that exposure to light is their essential cause. They appear in summer, when the hours of light are long and outdoor life most indulged in. Furthermore, freckles are peculiar to certain complexions. Brunettes rarely, if ever, freckle ; they become tanned. Blondes of the florid type—those with red or reddish hair—are much more susceptible to freckles than others. With the passing of summer the freckles fade or disappear, and in winter are scarcely noticeable, and as adult life is reached they are less evident and abundant, independently of the care then bestowed upon the complexion.

The causes being thus a peculiarity of complexion and exposure to light, it is impossible to do much for them without doing harm to the general health. Some local applications will temporarily make the freckles paler, but the only real treatment is prevention by exclusion of light. This, of course, will be presently destructive of the health of the child. It is possible to lessen the freckling, however, by avoiding exposure to the strongest glare of the sun, and the shade-hats are of some value in this direction.

A Blemish on Baby's Face.

Our baby is now more than three months old. Two or three weeks after her birth a red mark appeared on her nose. We thought at first that she had scratched herself pretty vigorously, but on consulting a physician a few weeks later he pronounced it a "mother's mark," and advised the use of electricity for its removal; this has been applied three times, and the redness has gone from the middle of the mark. Would you advise us to continue the use of the electricity, or could we do better? We dread to have it used, for it frightens the little one very much, and must be painful. Is it likely that the mark would disappear of itself after a while?

I have heard of saliva being used with success to remove marks, and also that the juice of the milkweed plant is good. Is it probable that either of these would accomplish a cure?

Morristown, N. J.

A. E. P.

There are "mothers' marks" of various kinds and of many degrees of severity. Some of the very faintest ones we have seen fade partly or wholly without treatment, but as a rule they do not. As a mark upon the face of a woman is a matter of great concern to her, every endeavor should be made to get rid of one, if it be of any importance, before the age of self-consciousness.

The saliva is valueless for the real "mothers' marks," and so, too, is the milkweed-juice. Whatever value the latter has is in cases of the most superficial kind. In this case the continued use of the electricity seems to be advisable.

Warts.

Will you tell what one may do to remove warts? My Paul, five years old, has nine on one hand. I overheard his brother telling him he did not love him so well since he had those dreadful things on his hand. What does cause them? and what will prevent their coming?

Pennsylvania.

B.

Warts consist chiefly of an overgrowth of the papillæ of the skin. The exciting causes of this overgrowth are various, and often no cause is recognized. They are more likely to occur in childhood, probably because all the phenomena of growth are then more active than at other times. They seem to be most common where the skin is most exposed to all kinds of irritation, as upon the hands. Sometimes they appear to be communicated from one person to another, and some persons show a great susceptibility to them.

Warts usually appear suddenly, and often as suddenly disappear. Doubtless upon this peculiarity depends the apparent success of the charms and incantations so commonly employed for their removal. It is possible that in some instances where the charm involved the rubbing upon the warts of the juice of certain leaves the latter may have really had a medicinal influence.

The most prompt and efficient method of disposing of warts is to thoroughly scrape them out. This leaves a little "punched-out" looking hole in the skin, which heals quickly if kept clean. If any bleeding occurs it can be stopped by hot water. This extirpation, if thorough, generally prevents a return.

If this seems too radical a performance for domestic medicine, the glacial acetic acid or a saturated solution of salicylic acid may be applied carefully to the wart. The stick of a match or a piece of cigar-lighter is a convenient implement for making the application. The liquid should be applied freely to the wart, but not allowed to flow around. The surrounding skin may be protected by vaseline or bicarbonate of soda before the application. After a day or two rub off the dead part and make a new application, and repeat until the wart is gone.

Ringworm.

My little boy, four years old, has a "ringworm" on his forehead about one inch and a half in diameter. I have used a preparation of potash, and it seemed to stop it for a while. I am now painting it with iodine, but it does not seem to do much good. Can you tell me what causes it, and how I can cure it? It cannot be hereditary, for I am perfectly healthy, and have never had anything like that, nor has his father.

New York City.

C. H.

Ringworm is not hereditary. It is due to a vegetable parasite which grows upon the skin. The cure consists in allaying inflammation and killing the parasite to the last spore. The tincture of iodine is usually successful if persisted in. It must be painted over all the changed parts of the skin. Daily frictions with green soap—a kind of soap much used for skin diseases—are useful, and any germicide not too strong will help. One of the safest for domestic use is the hyposulphite of sodium. Dissolved in five parts of water, it may be applied locally. On the face care should be taken not to use too strong applications, as slight scars may be caused.

The Removal of a Birth-Mark.

I wish to consult you about my little five-weeks-old babe, who has been unfortunate enough to be birth-marked on the face. Both eyelids have reddish veins over them, the left much worse than the right. Half of the lid looks red, and there is a spot of a darker hue on the right nostril. When the child is passive the spots are dim, but when active they become brighter. They are not yet blood red, though I fear they will become so. As the complexion clears they become more prominent. I would like to ask :

(1) If there is any probability of their dying out without treatment?

(2) Are there instances where such spots have been entirely obliterated?

(3) If electrical treatment is used will it endanger the sight?

(4) What kind of electricity is needed—galvanism, or would a Faradic battery do?

(5) At what age would it be best to commence?

(6) Is there any other treatment that could be tried?

Yokohama, Japan.

W.

(1 and 2) There is little probability of their spontaneous disappearance.

(3 and 4) Not if properly applied. The form of electricity used in such cases is what is called electrolysis, a needle connected with the battery being thrust into the part to be destroyed. It may leave a scar. Neither galvanism nor Faradism as ordinarily applied is of value.

(5) As soon as the proper surgical attention can be secured.

(6) Yes ; hot needles, caustics of various sorts, etc. Vaccination, sometimes employed, is not suitable, owing to the situation of the mark.

THE TEETH.

Care of the Teeth.

What food is the best for strengthening the teeth ?

Butte, Montana.

G.

If there is no evident disease of the teeth, the best way to insure continued soundness is not to give any one thing supposed to be strengthening to the teeth, but a good, wholesome diet, and, above all, to avoid the use of those things known to damage the teeth. The articles of food most likely to injure teeth are probably those the digestion of which, either generally or in the particular instance of the person concerned, are found to promote acidity of the stomach. Of course careful attention to the toilet of the mouth is assumed and the care of a dentist whenever his services may be needed. Actual disease of the teeth can rarely be controlled without his attention. We may add a word concerning the teeth of young children. It is of advantage to keep an infant's teeth clean in the same way as an adult's teeth are so kept. If teeth are already decayed they should be carefully attended to, and the decay hindered by cleanliness after each meal. If teeth are defective in structure, with, for instance, thin or irregularly absent ("worm-eaten") enamel, it is doubtful if anything can be done to strengthen these particular teeth, but coming teeth may be helped by care of the general health, and, as many believe, by the use of the lime salts, particularly the phosphate. The hypophosphite, generally found in the drug-shops in the form of a syrup, seems to be of some use. The same may be said of the syrup of the lacto-phosphate of lime, and some judicious practitioners still esteem the powder of phosphate of lime, and even the powder of ground bone.

Effect of Feeding upon the Teeth; the Use of the Tooth-Brush.

(1) I have heard as coming from a physician that feeding a baby very early, before the nursing period was ended, had a tendency to injure the material of the coming teeth. What can you tell me about it?

(2) Should a child's first teeth, as soon as they are well matured, be brushed with a tooth-brush or simply washed as the mouth has been washed before?

Canton, N. Y.

R.

(1) Any improper feeding before or after the discontinuance of nursing, or even nursing when the milk is impoverished, may lead to rickets and to imperfect teeth as a result. The question is as to the kind of food rather than the mere fact of feeding.

(2) The tooth-brush will not harm the teeth directly, but it may, especially if stiff, injure the gums and secondarily the teeth. Little children, and especially babies, do not usually like to have their teeth brushed, and struggle against the performance. It is, therefore, difficult to apply the brush as accurately as could be desired. Consequently, to avoid the injury to the gums spoken of we think the washing preferable.

Decaying Teeth.

I.

My baby, a year old, has twelve teeth, but they are all decaying.

(1) What am I to expect in relation to the second set?

Elmira, N. Y.

M. T. C.

II.

My baby-boy, seventeen months old, has fourteen teeth. The first ones already show signs of decay. (2) What is the cause of this, and can it be arrested? (3) If so, how? (4) Which are the "stomach-teeth"?

Canfield, Ohio.

F. M. S.

(1) Unfortunately this trouble is only too common. The condition of the second set will depend upon the health of the child in the years preceding the appearance of that set, and upon the care you bestow upon the first set.

(2) There are several causes known, besides some which are only partly known. By all odds the commonest cause is faulty nutrition, which may exist whether the child is nursed or fed.

(3) If the defects are localized, your dentist can do much to preserve the teeth by careful attention. If the decay is general, involving the whole surface of the teeth, he can do less or little. But he should by all means be consulted and allowed to judge whether or not the case is one which he can benefit. The expense will be well repaid by the improvement in the child's freedom from toothache and in the better condition of the coming set.

(4) The "stomach-teeth" are the canine or "eye" teeth of the lower jaw. The canines are called "eye" teeth because of their position under the eye. Those of the lower jaw are called "stomach-teeth" from a tradition or superstition that their eruption is attended by unusual stomach disorder.

Discoloration of the Teeth.

My baby is two years and a quarter old. He has been very slow cutting his teeth, the last ones (his stomach-teeth) having come through two weeks ago. About two months ago I noticed his four front upper teeth were turning dark; the discoloring now covers more than half the upper part of them. He has always, though very good about everything else, fought against taking a drink of water and having his mouth washed, consequently it has been very imperfectly done. Could that cause the trouble, or does it come from acidity of the stomach, from which he suffered greatly the first year? We tried changing his food, but found he retained the "Eagle Brand" of condensed milk best.

Germantown, Pa.

L. C. W.

If the discoloration is only a superficial one—that is, simply the greenish stain often seen on the teeth—it is probably due to the neglect of cleansing. The fact that the discoloration is on the upper half of the teeth makes this more likely. But we ought to say that the same physical peculiarity that favors late teething also is attended with stomachic disorders and discoloration and early decay of the teeth ; so this is a matter to be looked into. The damage to the teeth does not come immediately from the acidity of the stomach, but they are associated manifestations of one cause.

Peculiarity of Teeth.

My baby, nearly two years old, is perfectly well. Her little tongue is as red and smooth as possible, but she has several small spots, depressions, somewhat discolored, on the face of the front upper two teeth. This peculiarity exists in her father's family, the front teeth of several of the members being short, strong, and healthy, but not perfectly white, and having these discolored depressions, about the size of a small pin-head. Can anything be done to prevent the second set from appearing the same way ? She has had eighteen teeth for six or eight months past.

St. John, N. B.

E. B. H.

This peculiarity of the teeth is well known. We recall families where it is found in parents and children, having existed from childhood in the parent. Now, whether the peculiarity is a hereditary one in the strict sense, or whether some nutritional peculiarity that has caused it in two generations is the heredity, or whether it is simply due to some traditional (and in one sense hereditary) method of feeding, we cannot determine. We incline to the second supposition. The fact of their existence in the primary teeth does not determine their reappearance in the second set. We know of nothing except general good hygiene that will do any good. Keep the child as well as possible, and wait.

The Effects of Whooping-Cough on the Teeth.

When my little girl was six months old she took whooping cough, and suffered with it for the next four months. It was a long, hard siege for us, but, as she seemed to recover entirely from it after that time, I congratulated myself upon having *one* complaint of childhood out of the way. But when the permanent teeth began to come through, the lower incisors had a ridge across them about half-way between the crown of the tooth and the gum, and the upper incisors a row of tiny holes in the enamel about the same distance from the crown. The first double-teeth, those next to the wisdom-teeth, had no enamel on the top, and it soon became necessary to cap them with gold—a painful and expensive operation. As soon as the dentist looked at her teeth he asked if she had had any sickness in infancy. “Only the whooping-cough,” I replied. “That is the mischief-maker,” he exclaimed, and then told me that whooping-cough, scarlet-fever, and measles in *infancy* affected the permanent teeth in proportion to the development of each tooth in the sac. We hope the other teeth may have escaped the ill-effects of this *simple* disease, as they probably were not sufficiently developed to be caught by it. I have only my dentist’s word for it, and my knowledge that the child was a very healthy child and gave no evidence of defective nutrition that might cause unsound teeth, and she does not inherit such teeth. I should very much like to know if in your opinion the dentist’s diagnosis was correct.

Honolulu, Sandwich Islands.

E. A. C.

It is a common belief among dentists—and doubtless a correct one—that infantile disorders affect the development of both sets of teeth. How far one can correctly specify which particular disorder caused this damage we are in doubt about. There is nothing improbable in the opinion that acute diseases like whooping-cough may affect the teeth. On the other hand, rickets, the disease of all others to affect teeth, is usually overlooked by mothers and by many physicians; and so a mother might with perfect honesty say the child had had no disease, when it had had just the disease to destroy its teeth. There comes to mind at this moment the case of a lad whose mother told us the

same story of some disease in infancy having destroyed his teeth, but neither she nor the family physician seemed to have recognized the rickets, which had left various traces behind besides the defective teeth.

Loss of a First Front Tooth.

Last February my little girl, then just two years old, was so unfortunate as to lose her footing while trying to step on a bucket in our pantry, and her mouth struck against its sharp edge so violently that an upper front tooth was knocked out. The little one did not seem to suffer with the hurt after three minutes, and, excepting a badly swollen lip and tenderness of the gum that day, has suffered no inconvenience.

I fear the remaining tooth is slanting a little into the cavity made by the lost tooth, and more than filling its share of space. When Baby's second set of front teeth grow, can I expect them to be even, and of the same size? Her front milk-teeth had these characteristics before the hurt. Ought I to have the odd tooth extracted before the second teeth appear? Could the little one have sucked the tooth back into its socket immediately after the accident as we have known adults to have done?

Madison, Me.

C. P.

It is not probable that the undeveloped tooth of the permanent set was injured by the accident, and it is reasonable to expect that when it comes it will be of proper size. Evenness depends partly upon the space at the time it comes, but if the teeth push through in an irregular manner they pretty certainly can be straightened by any dentist. Leave the odd tooth if sound.

Teeth are sometimes replaced after having been knocked out, and are firmly held so as to be useful. As a rule, we think the experiment worth trying.

Removing Redundant or "Extra" Teeth.

My little daughter, twenty-three months old, has a redundant incisor tooth which came through three months ago, forcing its way painfully between the two upper incisors on the left side of her face. The back one of these incisors pierced the gum a little higher up and further back than the corresponding tooth on the right side, thus leaving a space between the left incisors about half the width of a tooth. The redundant incisor cut through this space obliquely, with the edge of the tooth directed to the left and outward instead of downward. It is disfiguring, and will, I fear, crowd the other teeth, and I do not wish it to appear in the permanent set. Will you kindly advise me how soon it should be extracted, also if the operation will be attended with any danger? I have feared the effects of an anæsthetic on so young a child, especially as she is of a very nervous organization.

North Ontario, Cal.

J.

Such a tooth is usually removed by dentists as soon as it crowds the others, or when they think the proper order of the teeth is deranged by its presence. Whether or not a supernumerary tooth will appear in the permanent set does not depend upon the extraction of the present tooth, but upon the existence or absence of the rudiment of that permanent tooth in the jaw. A dentist of ordinary skill can extract the tooth safely and will advise you if he needs additional aid in giving the anæsthetic, if indeed that is necessary. The simple extraction of an incisor might cause less disturbance than the administration of an anæsthetic. If a supernumerary tooth appears in the second set the dentist can also advise concerning its removal.

THE EYES.

Test for Cross-Eyes.

Yesterday morning my next-door neighbor, a mother of two children, sent to know if I would run in there a minute in haste. On going into her sitting-room I found her quite agitated—unduly so, it seemed to me, when I learned the cause. She said: “I’m going to ask you a question which I wish you’d answer as quickly as you can, without giving yourself time to *think out* anything more than your first impressions. Willie, stand right there and look straight forward at Mrs. B’s face. There, now, Mrs. B., *is he cross-eyed?*” She went on to say after a short pause that she had been startled to find him, as she thought, cross-eyed in the morning, and yet she could not satisfy herself of it. I confess it was difficult for me to decide; there were moments when he seemed decidedly so, and again I could hardly distinguish it. To-day it is certainly more marked. I told her there was only one thing to do, and that was to consult some authority. Are there not certain simple tests used by oculists which we can apply at home? If you can give us any help you will greatly oblige both of us. Willie is five years old, and almost as great a favorite in my home as in his own.

Danbury, Conn.

J. M. B.

The test most commonly employed by oculists to detect “cross-eyes” or “squint” is to cover one eye, and have the child look with the other at the examiner’s finger, held at a distance of about fifteen inches directly in front of the child in the median line; if this be done, and the hand covering the eye be slightly tilted so that the examiner can watch the covered eye, the latter will be seen to roll, or move inward or outward, according to the nature of the squint. Then, by suddenly removing the hand from the eye previously covered, the difference in the direction of the axes of the two eyes will be very apparent; the observation must be made quickly, however, since the squinting eye will soon correct

its position so that its axis will correspond to that of the other eye, and both will then become fixed upon the examiner's finger. This test should be applied first upon the eye which appears to squint, and then upon the other in a like manner.

It must be remembered that cross-eye, at the commencement of the trouble, is often present only at certain periods and absent at others. Also, that it is frequently due to errors of vision, which sometimes may be corrected by the fitting of proper glasses.

Anxiety about Brilliant Eyes.

Is there any necessity for worry because a baby has bright eyes? This seems like a very silly question, but I suffered with a complication of nervous troubles before my baby was born, and have been especially sensitive about him. And now an officious friend has "stirred me up"; on first seeing my beautiful, healthy boy, he exclaimed, "What wonderfully bright eyes he has! Has he ever had anything the matter with his head? No? I thought he might have had, as they are so very bright!" Under the circumstances I did not like it, to say the very least. No one else thinks his eyes are so *wonderfully* bright.

Cranford, N. J.

M. C. H.

There is no necessity for worry whatever. Nor, as far as you have given the facts, is there any ground for anxiety. If you have reason to suppose your baby hereditarily excitable, try to avoid excitements for him. Brilliancy of the eye is not an evidence of disease by itself.

Eye-Pupils of Different Sizes.

How serious a trouble is a difference in size of the pupils of the eyes, or how serious may it become? What may be done to correct it or its cause? My boy is six months old, and the difference in his pupils is very marked at times. When the pupils are small I observe no difference, and for a time have thought the direction or amount of light had the effect named; but now I am convinced the pupils are at fault.

Georgetown, Col.

A. E. P.

The difference may or may not be a symptom of importance. Associated with other disturbances it often betokens serious brain troubles. On the other hand, cases are met with—we have one under observation just now—where the discrepancy has existed from birth, and has continued many years in a person of good health, who is unconscious of any disturbance of vision.

Styes.

Our little girl is fourteen months old, and has always been quite well. I weaned her at eleven months, and she has since lived on bread, milk and gruel of Quaker oats. Lately I have cooked the oats longer and fed them to her without straining.

She has had twelve styes or little boils on her eyelids. They commenced to come about six months ago, a little before I weaned her, and just after the first teeth had come through; she now has eight teeth. During the last few months she has grown thin, but of late seems to be "picking up" again. She has also been constipated at times and often has a foul breath. All but two of the styes came on the tips of her lids, both upper and lower, and they have caused her to lose nearly all of her eyelashes. The last two styes seemed more serious than the others. One was almost on the side of her nose and was opened four times, twice by myself and twice as she hit it with her hand, each time discharging much matter. I have consulted three physicians but they have not helped her.

(1) Can you tell me the cause?

(2) How can I help her?

Denver.

M. A.

(1) The ordinary causes are local inflammatory irritation, acting upon a system deranged in some way, especially when the patient suffers from anæmia (thinness of blood), or is of scrofulous habit.

(2) The general condition must be looked to. The diet should be examined to ascertain if it be well digested. Iron may be needed or perhaps cod-liver oil. Locally the prompt

opening of styas as they occur is very useful. Some of the products of the inflammation may not be discharged as pus and later on may excite further irritation or remain as an indolent mass in the lids. These are the general principles of treatment. Although you have consulted three physicians, we still think that you will do better to try again than to attempt domestic treatment. Pick out one physician and continue with him long enough to find out what he can do and to give him some interest in his little patient.

Clipping the Eyelashes.

Is it true that clipping the ends of the eyelashes is beneficial, and is it likely to cause them to grow longer? When is the proper time to do it?

Santa Barbara, Cal.

“GWARRY.”

Clipping the eyelashes cannot be beneficial in any way, but may be decidedly harmful. The lash is the protector of the eye. Cutting, if it affected them at all, would be likely to make them coarse. There is no proper time to do it.

THE EARS.

Earache.

Can you give any suggestions as to remedies for earache in children? My little boy of five suffers from it very much, and it always comes on at night. I use sweet oil and laudanum, warm, dropped in the ear, or soak a piece of cotton, and put it in the ear; to this I sometimes have to add a hot poultice of hops, and all this will frequently give no relief for a long time. There does not seem to be any especial cause for these attacks, as our physician has examined him several times.

Brooklyn, N. Y.

A. S.

The occurrence of pain in the ear is a pretty positive sign that this organ is not in a perfect condition, or that some part in the immediate neighborhood is diseased; thus, besides disease of the ear itself, such pain may be due to the impaction of wax in the ear canal, or to throat or nose trouble. Hence *removal of the cause of the pain* by the specialist would naturally be most advisable. To relieve the attacks of earache, when the cause is unknown, the instillation of hot salt water will be found most efficient. The salt water should be prepared by dissolving a teaspoonful of table salt in one pint of water. This should be used as hot as can be borne by the sufferer, and should be poured into the canal of the ear by a teaspoon and then allowed to run out again by inclining the head; this may be continued for half an hour or an hour until the pain ceases; or the hot salt water may be allowed to flow into the ear from a fountain syringe held not higher than one foot above the level of the ear. After the application of heat in this way, a large piece of cotton wadding should be placed over the ear and covered by a layer of oiled silk.

Internal Ear Disease.

My little son was apparently a perfectly healthy and normal child in every way at birth. A plentiful supply of breast milk awaited him and his digestion was perfect. He grew at the rate of almost one pound per week from birth. When four weeks old I noticed, after his first night of unrest and crying spells, a discharge from one ear of a thin watery substance, such as usually comes from a gathering in the ear. When it had continued, though in very small quantities, for two or three days, I spoke to the physician about it, and he advised washing out the ear, which he accordingly did, using a very fine ear syringe. The child apparently suffered no discomfort during the operation, not even moving his head. Three days after that (the discharge not having appeared at all after the washing), when I placed my hand under the child's head for the purpose of placing him in the bath, he gave a sharp scream as though in great pain. I examined his head, but saw nothing unusual externally. During that day and night his head was somewhat hot and he slept constantly, scarcely rousing to nurse, although I put him to the breast at regular intervals, and making a sharp scream when touched or lifted. The following morning I sent for the physician, who, on seeing the child, pronounced the trouble probably an internal abscess of the ear, and gave me small hope of his surviving. An ear specialist was immediately sent for, who punctured the ear-drum in the hope of allowing any matter which might be pressing on the brain to escape. Nothing availed, however, and after twenty-four hours of extreme suffering, during the last eight of which the child was in frequent spasms, he passed away in one. I should, perhaps, say that crossing the eyes was one of the first unusual signs of trouble which I noticed.

I should like to ask :

(1) Should you judge from the symptoms that the ear was the seat of the trouble?

(2) Could such trouble be produced by the washing out of the ear and stopping of the discharge? If not caused from the ear, could any other likely reason for such an affection be suggested?

(3) Was it probable that the child was born with any tendency to brain disease, and if so would it not have shown itself sooner?

(4) Could anything have been done which was not done, or in addition to what was done? Beyond the puncturing of the ear-drum and the application of cold cloths to the head, nothing was done in the

way of treatment. I take the liberty of writing somewhat at length, as the physicians to whom I have spoken pronounce it a most unusual and extraordinary case, and also because we do not feel at all sure that it was not the result of carelessness in some way.

P. F. C.

(1) The case was probably one of disease of the deeper portion of the hearing apparatus, the internal ear; as a result of this the adjacent portions of the membranes covering the brain were probably involved.

(2) Washing out the canal of the ear could not have produced the trouble; the affection had already existed when the ear was syringed, and this proceeding merely cleansed the canal, and in this way was beneficial.

(3) It cannot be stated definitely with the material of your letter as a basis, whether there was any tendency to brain trouble at birth; there may or may not have been; such deep troubles in the internal ear may develop in infants who have previously been in perfect health.

(4) The treatment adopted was proper and all that is usually made use of in such cases and at this period of life. An operation—making an opening through the bone behind the ear, so as to reach the deeper parts of the ear and allow any matter that may have gathered there to escape—sometimes saves life in such cases; but this operation is itself a grave one and its results are uncertain; in the case in question, owing to the very early age of the patient and the rapid course of the disease, even such a last resort would probably not have prevented the fatal termination.

Partial Deafness.

I wish to get advice through your columns in regard to my little boy's partial deafness. Before he was three years old a severe cold would make him hard of hearing, and now, at five years of age, the

same trouble exists, and the deafness continues long after all signs of cold have disappeared. He has recently had a bad cold and earache, and he has remained hard of hearing so long that we are anxious lest his trouble should become permanent and past relief. He has never had much earache or any discharge from his ear. Is there danger of its becoming permanent deafness? Can we do anything to prevent this? He has always been a delicate child, having little endurance. His colds always take a croupy turn, and but for constant doctoring would terminate in spasmodic croup.

Adams, Mass.

O. B. M.

There is always danger of permanent deafness under such circumstances. Catarrhal troubles are probably the commonest causes of deafness, and they are very active in just such delicate children. The child should certainly be taken to a physician, who, by advice as to his general regimen and by local treatment of his throat and nose may be able to prevent the advance of deafness.

Prominent Ears.

My little boy is nine months old and his ears seem to stand out more and more all the time. When he was younger he was a frail child, and I did not dare to do anything about it; but now that he is rugged can I not correct this feature by tying them back in some way? He has otherwise a handsome face.

Hartford, Conn.

M. D. H.

It is probable that persistent bandaging might press the ears flat; such treatment is successful in arresting the growth of the feet in certain classes of women in China. But we are entirely certain that we would not allow any such thing to be done to any child that was under our care. The object to be gained is of trivial importance compared with the persistent discomfort—running over months or years—that must be inflicted upon the child. When an ear projects as the result of an inflammation the case is different, as slight pressure for not a very long while at a time

tends to replace the ear in its normal position. We might add, however, that inasmuch as the projecting ears give much distress to you, it might be proper to try one of the caps of tapes sold in the shops for producing pressure on the ears. They do not so closely cover the head as an ordinary cap and are less objectionable. But even with these we think that evidences of discomfort should be watched, for as we believe what we have said above on this point is correct.

Large Ears.

"Little pitchers have big ears." Unfortunately for my dear little girl of seven years, hers are large, physically and metaphorically. They stand out like handles. It is not hereditary, and I am anxious to correct it. Can you help me with your advice? When I tie ribbons over them to press gently she complains of soreness in a short while. Am I in danger of doing an injury to the internal organ by pressing externally? I am anxious to free her from the misfortune of prominent ears in later life.

St. Louis.

L. M. G.

We can help you with advice, and it is to let the ears alone. Any pressure you make is far more likely to irritate the ears and thereby increase their want of beauty than to improve their appearance. The ear, for some reason or other, seems to be considered a part of the body that can be trifled with. Very few persons would think of meddling with a nose that was not shapely or with lips that were ill-looking, but the ear is practised upon in various ways. It is hard to say why the wearing of rings in the ears should have survived the kindred mutilation of the nose and lips. Time may improve the set of the ears, and, at all events, the arrangement of the hair will improve their appearance far more than anything you can do to them.

Tampering with the Shape of the Ears.

What would you advise me to use to make my baby's ears stay close to her head? She is five months old, and her ears have just begun to stand out.

Geneseo, N. Y.

F.

A close cap has been recommended, and is the least objectionable thing we know, but we believe that treatment in such cases is usually worse than the disease. When a child is laid to sleep on one side on a firm pillow and occasionally turned, the weight of the head makes about as much pressure as can be judiciously applied. As the child gets older and rolls about on the face, back, or in any position, this plan is less efficient. Then the cap or a light band, as of flannel cut bias, tied about the head, will have some influence. But, as already said, we doubt if the inconvenience to the child of the treatment is not worse than the disfigurement, particularly as female headgear and style of head dressing ordinarily partly overcome and partly hide the latter after the age of vanity is reached.

THE HAIR.

Thin Hair.

I have reason to believe that my little girl, now three and a half months old, has inherited a weak growth of hair. Can I do anything now, or a little later, to strengthen the head and roots?

Brooklyn.

C. H. S.

It is too soon to be anxious about the child's growth of hair. She may never have an abundant growth, but its present thinness is no evidence to that effect. The greatest variability exists in regard to the time when the hair becomes thick. We have seen children at birth whose hair was so abundant as to need a regular toilet, and who, at three months of age, looked as if they were wearing wigs. On the other hand, we know adults whose hair is very thick who were practically bald up to two years of age.

Nevertheless, as you are anxious, we may give you some hints as to what to do and what not to do. If the hair had fallen out from an illness or from a disease of the scalp, some medication would be advisable; but in such a case as you describe it certainly is not. What you have to do is to give the scalp the best possible chance to grow the hair. See that the scalp is always clean; that is, free from dandruff, from the flaky deposit often met with (seborrhœa). See also that the head is not heated nor unnecessarily covered. But in giving it this attention do not irritate it. Do not rub it roughly nor use much soap upon it. Wash it gently, dry it gently. Remove any deposit upon it by very gentle friction with a finger anointed with vaseline or any perfectly bland oil. Use a very soft brush in arranging the hair and avoid combs altogether. Adhere to the same gentle precautions after the child is older, and you will have done, in our judgment, the best that can be done.

Washing the Scalp.

When a child's scalp seems perfectly healthy and there is a good crop of hair, how frequently should the entire head be washed to insure a continuance of health? Also, with a predisposition to catarrh of the head, is there danger in washing, if the hair is thoroughly rubbed till it feels dry?

Lake Valley, N. M.

A. P. H.

Often enough to secure cleanliness of the scalp, which may be determined by frequent careful examination for dandruff, etc. Instances occur where the "catching cold" seems to be directly dependent on the washing of the head; but as a rule it is safe to wash the head, if the washing is done in a warm room and the hair is thoroughly dried directly afterwards.

The Use of Soap on the Head.

For my two children I have had different nurses, and both have said: "Lather his head with soap every morning." My three-months-old baby's head is always white and clean, and I have washed it with "Cuticura" soap every morning, using a little vaseline once a week. I notice that for a few days after using the vaseline the scalp is just as clear as his little face, and then the skin begins to look dry. I think the use of soap so often tends to dry the natural oil of the hair. What do you think?

New Britain, Conn.

B. A. B.

For some weeks after birth the "lathering" has a good effect in dislodging the secretion of the scalp, which is then often excessive. After a while it is not necessary to use soap every day in the head-washing, two or three times a week usually being enough; but if any scurf begins to form the daily use of soap can be resumed.

Tampering with the Color of the Hair.

I should be greatly obliged if I could get information as to how to grow Baby's hair gradually darker. His eyelashes being very light, I fear his hair will remain about the same. Is there any efficacy in cold tea?

Morrillville, Neb.

M. C. R.

We have no advice to offer except that you should carefully abstain from all attempts to change the natural color of your child's hair. No attempts on your part will effect anything but damage to the hair. The cold tea acts only by staining the hair already grown. There is a very strong tendency for children's hair to darken after two or three years of age. Most mothers would rejoice in the blonde hair of a baby.

Concerning Bangs.

I would like to hear from you on the subject of "bangs." Does the wearing of the hair in this way cause it to grow down on the forehead? To my way of thinking it is the prettiest fashion for a child's hair, but if it tends to a lowering of the hair line it might be undesirable, as by the time the child is grown, high, bald fronts may again be "the style."

Hedrick, Iowa.

L. W. R.

Hair grows only where hair follicles exist. Therefore it cannot be made to grow anywhere by any direction of brushing. But it is possible that a tendency of the hair to hang in a certain direction might be favored by brushing. Nevertheless we believe that "banging" does not tend to produce this peculiarity. No such peculiarity has developed in men who as children had banged hair. There is an enormous tendency to attribute effects to causes to which they had no relation whatever. It is not probable that the "high, bald fronts" will ever be fashionable for long for women, as the combined suffrage of civilized people from Horace's day to ours has voted them ugly. So you need not worry about girls' bangs.

Unhealthfulness of Long Hair.

I would like to ask your opinion concerning the desirability or healthfulness of long hair for young children. My little boy of three years has very heavy hair, long and curling. One friend says : "Oh! don't have it cut, it is so beautiful." Another remarks, with a serious air : "His hair is lovely, but you should have it cut ; it is doing him great harm." He is a sturdy little fellow and has seen very few sick days.

Cuyahoga Falls, O.

H. H.

So long as the hair is healthy we see no reason for meddling with it. It can be weakening only by its excessive rapidity of growth. To cut it would not lessen this. The superstition—for it seems no more to us—that abundant hair is weakening is very prevalent. No doubt an over-thick head of hair may be annoying in hot weather, but we believe the notion of its debilitating power is due to the fact that persons of a peculiar type of feeble constitution are sometimes very hairy. There is one disadvantage of long hair on the neck we may mention, namely, the exciting of perspiration in that region and a tendency to chilling and "catching cold" as a consequence.

THE FEET.

Confining the Feet.

Do you approve of the plan of leaving tiny feet unconfined by little shoes until the wee one attempts to stand?

Mendocino, Cal.

E. B. S.

Yes, a wide, warm stocking is enough until the baby begins to use its feet for walking or creeping.

Incipient Corns.

I have always been very careful about my little Marjorie's shoes, that they should neither pinch nor rub, and she wore moccasins for a long time. She is now three years of age, and on the little toe of each foot there is a decided corn, the size of a pin-head. Is there no way in which I can cure them, so that she need not be troubled with them always?

Oakland, Cal.

G. C.

There must be some mistake. Corns never come unless there is pressure or friction, and nothing can permanently cure a corn so long as the pressure or friction continues. A shoe may be very large and yet produce corns because its shape is not right. We have seen many moccasins of such faulty shape that they could not fail to produce irritation.

First of all revise the question of shoeing. See if the shoe holds neatly to the ankle and hinder part of the foot; see next that there is plenty of room for the toes not only to go in but to expand and play as the foot is moved. Often it is requisite to get shoes two or three sizes too long in order to secure the necessary width. In the fitting of the shoe lies the whole matter.

The relief of an already acquired corn may be accomplished best by first paring, then applying to the surface a solution of salicylic acid, say one part to eight of water, and after a day or two scraping away any part that has been softened by the application, and repeating this until the corn is removed.

The corn too may be protected from friction by means of a plaster with a hole of suitable size in it, the plaster being so applied that the hole falls immediately over the corn. For children's feet these plasters are best made extemporaneously from several layers of the ordinary adhesive plaster to be found at drug stores.

Distorted Feet.

(1) What is the remedy, as well as prevention, for misshapen feet?

(2) Why, if the baby-foot is shaped rightly (the toes slightly spread, and the weight apparently evenly divided over the sole of the foot and on the bottom of each toe), when shoes have been worn for a few years, does the shape of the foot change and the ends of the toes turn downward, the joints pointing upward? This is the way the feet of my oldest boy, aged 6, and my girl, aged 3, have changed, although they have always worn shoes at least one-fourth of an inch longer than their feet. I cannot but feel that the trouble is in the width.

(3) Is it lack of sufficient length or width that is to blame for the immense joint, that sometimes inflames, on the inside of the foot?

Cranford, N. J.

M. C. H.

(1) The remedy lies chiefly in the wearing of the same kinds of shoes that would have prevented the distortion in the first instance. But after a certain degree of displacement and rigidity has occurred other management is necessary. The subject is too wide to be treated of in the space at our command.

(2) We are not sure that we understand correctly what is intended. There is a crumpling up of the toes and the thrusting of one under another, due to the shoes being short or too narrow and pointed; this change is a familiar one. But we think you mean a change which is natural and proper, within limits—namely, that the habit of springing upon the toes in walking gives to them, particularly the outer ones, a slight curve upward, with some enlargement of the bulbous extremity. You can re-examine the children's feet and see which change you have to deal with. If the toes are crowded together and the imprint of one is left upon another, the shoes have done at least a part of the distorting.

(3) Insufficient length may have some share in it. But the deformity is created thus: A shoe, the inner margin of the sole of which turns outward—as is usual in shop-shoes—at the toe-joint crowds the great toe towards its fellows; this distorts the toe-joint, pressure is made upon parts of the joint not well prepared for it, then the narrow upper chafes and sets up an inflammatory process, which ultimately results in chronic thickening of the soft parts, and even of the bone. These distortions sometimes are so extreme as to render the cutting out of the joint necessary.

Ingrowing Nails.

Can you tell me of some cure for ingrowing toe-nails, and also what is liable to cause them? It cannot be tight shoes in the case of my two-year-old, as I have always been especially careful to have his shoes roomy and comfortable. He seems to suffer from them, and I feel anxious to help him by some simple means, if possible.

New York.

A. N. S.

The mischief done by shoes is less from small size than from faulty shape. It is, of course, possible that an ingrowing nail may not come from tight shoes, but certainly ninety-nine cases in a hundred are due to the shoe pressing the toes together. The great toe most frequently suffers ; it is crowded against its neighbor, the flesh is pushed up and laps over the nail, and the margin of the nail, being crowded toward the centre of the toe, turns downward and so grows. Sometimes, however, there is no fault in the nail itself, simply in the crowding up of the flesh, which thus becomes irritated under the pressure. If a foot has never been crowded, the sides of the toes are rounded as at birth, and as the fingers remain through life. Actually it is rare to see a foot some of the toes of which have not left their imprint upon their fellows from this lateral pressure. Keep the toe that is in trouble separated from its neighbor by a folded piece of linen put between them—slightly oiled if there is sign of friction against the linen—and the trouble will probably be relieved. If necessary, the down-growing corners of the nails may be raised by the thrusting under of a pledget of soft cotton. In paring the nails do not cut off the corners, but cut the nail square across. These corners should protect the flesh ; if cut off the tendency to burrow is increased.

THE CARE OF THE CHILD.

Rocking The Baby.

What are the physiological objections to rocking a baby? Is it likely to produce congestion of the brain?

California.

C. P.

The objections, in the main, are not physiological. We do not believe that gentle rocking is, save in exceptional cases, harmful. But, on the other hand, it is not beneficial. The simple holding of the child, by the support and warmth given, is as quieting. The chief objection to rocking a child is the habit that is formed of going to sleep in an unnatural way. Sleep comes naturally to the tired child as soon as it is free from discomfort and is left alone. In saying the above it is not intended that the jolting and violent oscillation of a child whose stomach is full are harmless; we believe that favors indigestion.

Changing Wet Diapers at Night.

There is one subject upon which I would like to have your advice and experience. It is in regard to changing the wet diapers of a young baby during the night.

There is no question in my mind concerning the rights of the case if the mother is unable to nurse her child, for then her unbroken rest is not so important to her; but if she does nurse her baby, which one, mother or child, should be first considered? I attended to my first baby faithfully in regard to the changing of diapers, but it was often very hard to arouse myself sufficiently to do so and I have since thought that if I had considered myself a little more and the child a little less I might have had a more abundant supply of milk for her; but I would not bear to think that the dear little one was at all uncomfortable. Now, with a second one coming, I should like your advice.

Chicago.

M. L. D.

No fixed rule can be given for such things, as circumstances vary. But ordinarily, if the baby is well and securely covered, it will be safe enough to let it alone until it is sufficiently uncomfortable to wake, when you will probably also wake, or until it is time to nurse the child. Exceptions to this occur, as, for instance, when the skin is very tender or shows signs of irritation ; or when a child is very restless and uncovers itself.

Sitting Up in the Chair.

Much discussion has been given in our household to the subject of setting up his lordship, aged three months, in his chair. Grandma No. 1 sat up all her children at that age and proposes that we do so with this one. Grandma No. 2 thinks the idea preposterous and prophesies curvature of the spine. Old-maid blue-stockings Auntie *proves* it is injurious with a lecture on the softness of an infant's bones, and says he must not sit up inside of six months. Papa and Mamma think a little sitting up at different times in the day judicious and strengthening ; that the answer depends much on the strength of the child ; that one who holds his head up quite stiffly and firmly may be allowed a change of position. Will you condescend to act as umpire ? who, if any, is right ?

California.

PACIFIC.

The age at which a child can sit up varies much, and depends, as you say, upon its strength. We do not like chairs for such young children, because of their want of even support and their insecurity. A child should be allowed change of position from birth and change of posture as soon as he can change it himself or shows a desire to change. To this end we like to bolster a baby up, on a bed for instance, with pillows. His head and trunk are then well supported, and the change becomes a pleasure and not a tax.

Baby in the Corner.

Do you think it injurious for Baby to sleep in the corner? Our room being very small, it is a case of necessity that Baby's crib should be in a corner. We always have one of the windows raised several inches at night for ventilation.

Altoona, Pa.

E. B. H.

There are corners and corners. If a room is badly ventilated, corners are ordinarily the least ventilated parts. If, on the other hand, the room is one, such as is often seen in poorly constructed country houses, which is the arena of contending draughts, a corner may be the least dangerous part of the room. A small room with a window open ought, we should suppose, to be sufficiently ventilated to render the air in the corners safe. Another aspect of the question is this: If the corner be one between two external walls, it is likely to be chilly, if not damp; an inside corner made by lath and plaster partitions would not be open to this objection. As your room is small, it presumably has sufficient light as well as air.

Playing on the Floor.

I have two little ones, the elder four years of age, and the younger just walking alone. Our house is heated by a furnace, and there always seems to be a cold draught upon the floor, where my children are inclined to spend most of their time with their toys. Can you suggest a plan whereby I can manage to keep them amused off the floor, or is there any way of stopping the draughts?

Montclair, N. J.

L. I. D.

While heated air rises and cold air falls there must always be a chill current near the floor. Draughts from without may be partially excluded by weather-strips and sand-bags, but Baby sitting on the carpet is almost sure to take cold in bitter weather. A cheap mattress, covered with a quilt or shawl, makes a safe corner for him on windy days. One mother had a sort of *dais* or platform, six feet wide and

six inches high, mounted on rollers and set against the wall of the nursery, for "Baby's room." In default of these conveniences, give the twain chairs and low tables of their own, and teach them to use them instead of sitting on the carpet.

The Effects of "Jostling About."

Will you tell me if you think it injurious to the nervous system of infants under six months of age to be jostled about in baby-carriages, baby-jumpers, etc.?

Chicago.

W. B. A.

We do not know that such jostlings are injurious to the "nervous system," as physicians use that name—that is, in its anatomical sense—but we believe they do increase the timidity and excitability of children, or, in other words, make them "nervous," especially if already inclined that way. We do not, for various reasons, think a baby-jumper fit for a child under six months of age; and at any age a child's carriage should be trundled with care and without unnecessary jolting.

Rapid Carriage-Driving for very Young Children.

Is it wise for babies to be driven over country roads with fast horses at the age of six weeks or two months?

Randolph, Mass.

MAIDEN AUNT.

Unless the roads are unusually smooth or the vehicle unusually easy such exercise is undesirable. It is comparable to the jolting method of our grandmothers when a rockerless chair was made to act as if it were a rocking-chair. If a young child is taken in a vehicle, it should be snugly held against the breast if rapid driving is necessary. Under such circumstances it should be protected until it is old enough and strong enough to steady itself.

A Playground on the Roof.

Will you assist me with the best practical device for enclosing the roof or roofs of our Day Nursery in a substantial and safe manner, so that we may supply our children with air and sunshine without exposing them to danger? The yard is not fit for the purposes of recreation. Last summer the Nursery was open every day, but its usefulness was greatly curtailed for want of a suitable playground.

Philadelphia.

S.

We are not quite certain as to the meaning of the word "enclosing" in our correspondent's inquiry. If she refers merely to a fencing-in of the roof to prevent the children from falling off, the best device would be a guard-railing of forged iron, such as is manufactured in all ornamental-iron works, of any desired height, and with bars placed as close together as may seem necessary. Of course it is essential to select a railing so constructed that there will be no danger of the little ones clambering on or over it. If, on the other hand, our correspondent refers to a superstructure on the roof, the design will depend largely upon local dimensions, and with the information on hand we cannot give more than a few general suggestions. Any arrangement for converting the roof into a safe playground for the children will depend, in the first place, upon the season during which it is to be devoted to such purpose. It is quite evident that if the roof is to be used in summer only, the structure need not be of such a substantial character as would be required for a playground used all the year round. In the latter case the method of construction should be similar to that employed for "sun-baths," and particular care would then have to be bestowed upon the question of heating and ventilation. For summer use only, the simplest device would appear to be a strong canvas or tent, stretched

horizontally at a suitable height across the whole roof, and supported by stout wooden posts, or, better still, iron rods, securely fastened to the parapet walls of the roof. Such an arrangement would protect the children and nurses from the direct rays of the sun, while freely admitting the fresh air. It might be desirable to have some protection against strong winds in the shape of side-awnings. The whole arrangement would correspond to that used to convert the deck of an excursion-steamer into a shady but airy sitting-place. The question of the means of access to the roof calls for special attention. There should be a regular stairway, and not the usual ladder-like approach. We would, furthermore, recommend a wooden flooring over the tin roof, for we consider the latter as unsuitable for a children's playground. The floor should be laid so that the water will flow off readily, to prevent dampness and decay.

For a permanent structure for use in all seasons a framework of timber or iron should be constructed on top of the roof breast-walls, securely fastened to them, and covered by a roof, the construction of which would depend upon its width or span; the sides and roof to consist of large panes of very thick window-glass, able to withstand a heavy wind-pressure, to carry the weight of snow, and to resist the destructive force of a hail-storm. There should be a sufficient number of side-windows to secure a circulation of air, and ridge ventilation may also be desirable. Arrangements should be made for keeping out the scorching rays of a mid-summer sun by providing roller-shades at the sides and under the roof, fastened so as to move in a manner similar to those used in photographic galleries.

THE BATH.

Comprehensive Questions about the Bath.

I am the mother of five children, the oldest of whom is eight years old this summer, and another is very soon to be added to the number. One matter has troubled me for two or three years, and I would be glad of a solution.

It is about the bath. All seem to take it for granted that the bath is administered to the child on first rising in the morning. Since my family has been so numerous I have found it very inconvenient to do this, and have therefore changed to just before their supper—*i. e.*, about 5.30 P. M.

(1) Is there any objection to this? And ought not the temperature of the bath to be warmer than if administered on rising in the morning? If so, how much warmer? I would be best pleased with figures, as I always use the Fahrenheit thermometer. I know that, of course, the bath is primarily for cleanliness and nothing else; but I am also persuaded that when used daily it becomes a powerful agent in strengthening or weakening the child.

(2) I fear I give it too warm, but do not know. My oldest has it at 92° and my one-year-old at 97°. But I do not use an "immersion" bath with the water "up to the neck." They sit in the water from two to four inches deep, except once a week, when they have it about eight or ten inches deep, and two or three degrees warmer. On these occasions the two girls go in together—in our big bath tub—and the two boys together afterwards (Baby has not yet entered the "big bath," as they call it), but ordinarily each is bathed alone, and in reverse order of age, a little fresh water being added before each new occupant arrives. I cannot think my way is very bad, because my children have always been rather noted for their uninterrupted good health; yet I fear lest by too warm a bath I may be gradually weakening instead of strengthening them. A deciding word from you on this subject would be a great relief.

(3) Further—What should be the temperature of a baby's first bath? (I have seen it stated at 102°, 100° and 98°.) How long should this same temperature be continued? How fast should this temperature be reduced, and to what point should it be reduced in one year? What should be the temperature at two years of age, three

years, etc. ? How soon should the reducing process stop ? I see that one old authority—Dewees, 1833—speaks of reducing the temperature one degree each month for the first two years, beginning at 98° —thus reaching 74° by the completion of the second year. Or is it a good plan to reduce ten degrees each year for four years, beginning with 100° , thus reaching 60° at the end of the fourth year ?

Yokohama, Japan.

A. T. H.

(1) There is no objection to the evening bath, and its temperature need not be warmer than that of the morning bath.

(2) We think you would do better to give your baths from five degrees to seven degrees cooler “all along the line.” An eight-year-old child ought, at least, to stand a reduction to 85° F. If he went into the sea it would be far below that mark if your climate is like ours, and he would enjoy it. When the sponge bath is used a child of two can generally use water of the temperature of the room—say 68° or 70° F., on an average, in this climate.

(3) The very first bath is to remove the greasy deposits found at birth on the skin, and is usually between 100° and 105° F. But the daily bath need not be above 100° F. ever, and we think, except for feeble children, 98° F. is preferable. Dewees’s rule is safe for strong children, at least for sponging. If in any case there is doubt, a reduction of a degree every two months may be safer. But this rate of reduction we would not continue indefinitely, for Dewees’s rule would take us to 50° F. at four years, which is too low for most children unless for quick sponging. Very much depends as to the effect of a bath upon how it is given. For instance, if a child in good health is quickly sponged in cold water and dried, there is usually a wholesome reaction directly. If a bath is given in a tub large enough for the child to romp in, much the same reaction follows, even if the water is cool. But if a child were simply to sit in water which was poured

from a sponge over the upper part of the body, the same temperature of water could not be so long borne, as there is the repetition of the slight shock of the douche, while there is no muscular exercise to excite the reaction.

The Proper Temperature of the Bath.

We have a babe about a year old, and every morning we place the small bath-tub full of water in the large one in the bath-room, that he may splash vigorously for a few moments. How warm should the water be? I have been told it should be 90°; but would not a bath every day at that temperature be weakening rather than invigorating? I think it should be as cool as the child will go into pleasantly—certainly not over 80°. Am I right?

New York.

A LOVER OF BABIES.

A bath in which the thermometer stands at ninety degrees when the child goes into it cools sensibly and rapidly with the splashing of the water and the action of the air of the room on the surface. There is no danger in giving your baby such an immersion daily, unless you allow him to remain too long in the tub. As, in our opinion, immersion in the tub is only supplementary to the washing of the body with the rag or sponge, and, except when the child is ill, has no special virtue beyond completing the cleansing operation, there is no reason for keeping the child in the water more than a very few minutes. In so short a time no weakening effect can ensue, nor can anything be gained by a lower temperature than 90 degrees.

The Plunge-Bath.

I have a question which I should like to see answered. Up to what age do you think a healthy child should be given a daily plunge-bath? Is it weakening? I am careful to have my room warm and the water only warm. My little girl enjoys such a bath hugely, but I am in doubt as to how long it should be continued.

Chicago.

M. E. S.

The only reliable test of the good or ill effect of a bath is the reaction that follows it. If the child enjoys it at the moment, and is after it warm and active, it is probable that the bath agrees with it. If the child is fatigued or drowsy and disinclined to exertion, or is troubled by indigestion, after it, the bath is probably a disadvantage. There is no fixed rule. But a plunge-bath should of course be brief and never be taken on a full stomach.

Dread of the Bath-Tub.

I have had a great deal of trouble with my baby, who is six months and a half old, on account of his dread of the bath. I have made two attempts with the little bath-tub, but he screams so and seems so evidently frightened, that it has been given up, and he is still washed upon my knee as in his youngest days, though a more lively, vigorous baby could not be found. This makes the daily sponging more than ever troublesome.

Collingwood, Ont.

C. A. N.

There is no real need for a child to be immersed in his bath. It is simply done to save labor. If the baby is afraid of the tub itself it is better to continue sponging until you can get him accustomed to the tub by letting him have it to play with. You can obviate the difficulty of washing a big baby on the lap by laying a rubber sheet on a little table or bench of convenient height, and letting him lie on it when he is sponged. If it is only the immersion that is feared, let Baby be placed in the empty tub, warmed by previous rinsing with hot water, and there sponged.

Unfavorable Symptoms Following the Bath.

I have a little boy of five, who, without being ill, is not very strong. He easily takes cold and is very restless and nervous. I may truthfully say he is an exceptionally bright child for his age. I have been advised to sponge him off every morning with cold water, but my previous experience makes me hesitate about acting on the advice. I began washing his body with cold water two summers ago, but found that it regularly produced a certain shock upon him, and, instead of feeling invigorated, he seemed rather listless and looked pale for some time after. Now, do you think that under the circumstances I ought to resume the sponging-off? And if you do, had I not better begin with lukewarm water, gradually accustoming him to colder? What ought the temperature of the bath-room to be to prevent the risk of his catching cold? And how can I best promote the "glow" which I am told ought to follow the bath if it is to be beneficial?

Portland, Oregon.

E. M.

It is assumed that "nervous" is used in the popular sense of the word to express an excitable or irritable temperament as distinguished from an equable one. It would be carrying us too far to discuss whether there might be a common cause for this state of things and the tendency to catch cold, but we take the questions up as they are propounded.

It is true that many persons gain an immunity, partial or complete, from the effects of chilling by the use of cool or cold baths. But as chilling, or even change of temperature, is not the only cause of symptoms known as "taking cold," this immunity only partly solves the problem. Again, it is not a universal, or even common, experience that the nervous symptoms of the kind we suppose our correspondent means are improved by cold baths. There is a weakness or want of tone for which the stimulating effect of the bath is, under proper restrictions, beneficial. The circulation, the appetite, and the general condition improve, and the nervous system gains steadiness as a result. The test usually ap-

plied of this tonic effect is that the patient shall soon, if not immediately, afterward experience a sense of warmth and comfort, and feel stronger rather than weaker. There are many persons who do not readily get up this glow ; and this leads to the answering of the last two questions.

The temperature of the bath-room should be moderately high—65° to 70° F., if the body is to be entirely exposed during the sponging. The glow and the protective influence desired are sometimes obtained in susceptible persons, who cannot easily bear the ordinary bath, in the following way : Common alcohol or some inexpensive liquor, either pure or diluted one-half with water, is used for the bath. The addition to it of a little salt makes it a little more stimulating. If the child is delicate the clothing can be removed from a part of the body, say an arm, which is smartly rubbed with the spirits, and then covered, and another part is then treated in the same way. The whole process takes but a few minutes, and a pleasant reaction usually results.

Concerning the Necessity of a Daily Bath.

Do you advocate the daily bathing even of delicate infants? Some professedly very knowing old ladies interdict this practice.

CARTHAGE.

Every baby which is not distinctly ill ought to be washed all over daily. But there are ways and ways of doing this. If the child be very delicate substitute a rapid sponge-bath of warm water, carefully and tenderly given, for the plunge. Without cleanliness there can be no lasting physical good.

Soap.

(1) Is the use of soap necessary or desirable in daily baths?

(2) For children's use which is preferable, a good castile soap, or some of the numerous "scented" or other "fancy" varieties?

Brooklyn, N. Y.

H. K.

(1) Only necessary at places where especial need of cleanliness exists—face, neck, armpits, seat and groins. But as the moderate use of bland soap is not harmful to most skins, it is easier to go over quickly the whole or most of Baby's body than to pick out spots for washing.

(2) "Castile," if of good quality, is excellent. There are other excellent soaps made. But avoid scents. Your object is to clean the baby, and to know if it is sweet when you have finished you must avoid artificial smells. A clean baby is sweeter than any perfume.

Diminishing the Frequency of Baths.

(1) When shall Baby's daily bath be discontinued? Never, I hear some say; but suppose the mother's time and strength are very much taxed?

(2) If a change is to be made, how many baths should be given a week, and are they to be given night or morning?

Buffalo.

YOUNG MOTHER.

(1) You answer this yourself. It is to be continued as long as you can give it. It is given in the main for cleanliness, and is no more necessary at six months than at six years. The immersion is not a necessary part of the bath. A quick sponging does as well.

(2) As many as you can give. If you can give only three baths a week, or two, or one even, give them. They are preferable in the morning, as a cool sponging, we think, is a protection against taking cold, and the exposure is more likely to occur by day than by night.

CRYING.

The Significance of Baby's Cry.

This summer a little new baby is expected, and I want your advice. When my last baby came I was anxious to begin his education immediately, but he was "colicky" and my nurse was indulgent, and I was anxious and troubled whenever he cried. You know the consequence. When my nurse left me, my hands were very full. Now my theory is that the baby, as well as its mother, is better if Baby is taught to lie in its cradle; and I want you to tell me if I am right in insisting upon nurse putting Baby down immediately after necessary attention has been given, and letting it alone.

What ought to be done with a wee few-days-old baby when it cries? It seems hard to let it lie and cry, and yet it seems wrong to nurse and fondle until the habit is formed, and then begin to break it. If I had a pain I am sure I should not want to be bounced about. Please advise me; for it will be hard to hold my own against the wishes of my mother and my nurse, especially as I am not very thoroughly established in my faith.

Pittsburgh, Pa.

N. N.

We have no hard-and-fast rule, but should be guided by this question—Why does the baby cry? If from pain it should be eased; but as a rule you will be quite safe in letting it alone. If the baby has colic it is more likely to be comfortable if its abdomen is laid against a water bag partially filled with warm water than if "bounced about." The relief a child experiences in real colic from being held is from the warmth and pressure of the body of the mother or nurse. This warmth and pressure may be obtained as suggested. But if a child cries simply because it likes to be held, nothing is gained by gratifying it. We believe that it

is the experience of most trained nurses that babies can nearly, if not always, be quickly taught to be quiet without fondling. The necessity of the child's being held usually arises not from the infant's needs, but from the custom of nurses to fill vacant time in the pleasant task of fondling the child, till the habit is formed. Your experience is a very common one.

Inordinate Crying.

One of my little girls, five years of age, who is just as healthy as her four brothers and sisters, and has just as much reason to be satisfied with the world, has been crying, with more or less interruption, ever since she entered it. I know that all children have their crying-spells, but hers surpass in duration all reasonable bounds, and they are—I say it in spite of the dictum that no child cries from mere love of crying—seemingly often without cause. That this is due to no physical defect I know from the physician. Must I then believe the trouble to be of a moral nature?

Orange, N. J.

K. H.

Try moral remedial measures. For example, make her comprehend that such and such pleasures are contingent upon her self-control. Mark crying-days with a black cross in her calendar as those on which her indulgence in this luxury lost her a coveted good. Treat her habit as a disease. Undress her and put her to bed; withhold dainties, playfellow and amusements, and impress upon her mind that her crying is the cause of the regimen. This trick of crying is easily acquired, and the habit may become very obstinate. An ingenious mother cured her five-year-old of fits so passionate as to threaten convulsions by throwing a handful of cold water into her face when she began to scream. The child, whose infirmity had been pronounced incorrigible, would suspend operations with ludicrous suddenness when

her mother moved toward the washstand. It may be, as often happens, that pre-natal influences have given the little one's disposition a warp in the direction you mention. Still, she should be broken of it. You would not hesitate to use surgical appliances to straighten a wry foot.

Crying and Sedatives.

(1) To what extent is crying harmless in babies? The cry of a baby is its voice. If this were stifled it could not make known its discomfort or pain.

(2) Should sedatives be given? When? In what quantities? What is a safe preparation?

(3) When an infant of a few days, say two weeks, sleeps well during the day, but cries at night, how can the natural relation of day to night be restored?

Brocklyn, N. Y.

S. R.

(1) This can be answered only in a general way. The baby has "no language but a cry," in one sense; but it does not "cry for joy." If a baby cries, it signifies that things are not as it wishes in some particular. Of the various cries of infancy many are usually easily recognized, or at least have been catalogued by nurses long ago. Pain, weariness, sleepiness, fright, etc., are among the causes assigned to different cries. To many children the cry is not harmful, but the cause of the cry—pain and fright, for instance—is. We presume our correspondent wishes to know when crying is of itself harmful. It rarely is so. Children occasionally "cry themselves hoarse," and also, rarely, a fit of crying may excite vomiting if the stomach be full; but neither accident is very important. Of more importance is the fatigue and excitement dependent upon excessive crying. Violent fits of crying are assigned as a cause of rupture (hernia) in infants, and perhaps correctly. It is not possible to describe the

various cries of infancy. Their interpretation is learned by watching the child. The main point is to make sure, if possible, whether any removable hurt is the cause of the outcry. See if pins are pricking the baby; if it is too tightly diapered or clothed. Try also to see if it has colic or indigestion, and so on.

(2) By "sedatives" we presume is meant not what is called such by physicians, but anodynes (relievers of pain) or hypnotics (sleep-producers). Neither the one nor the other should be given under any circumstances without medical advice, which should be specific as to dose and time and occasion of repetition. There is no safe preparation for infants or young children without such advice.

(3) The process is often very difficult, and taxes the ingenuity of the nurse; but usually the monthly nurse can get the baby well started, and she should, if she has been successful, explain her methods minutely to the mother. The secret of success is not in drugs, but in systematic and regular methods with the baby.

WALKING.

Turning-in of the Toes.

I.

What can be done for a twenty-months baby who shows a decided tendency to walking with toes turned in? She has not inherited the tendency, and I have tried to be careful to have her shoes large enough, though she grows so rapidly that her toe generally finds the end before the new ones are bought.

Connecticut.

H. S.

II.

My baby, who is fifteen months old, turns in his left foot when walking. Can you tell me how to remedy it? When he sits down with his feet straight on the floor his legs and feet are perfectly straight, so I think it must be a habit with him to turn in his left foot.

Bardstown, Ky.

M.

I.

Examine carefully (best when Baby is naked) to see if the turning-in is at the ankle—or, more exactly, at the joint between the instep and ankle—or whether the whole limb rolls in from the hip. If the trouble is in the foot, perhaps some support is necessary, but that will depend upon the degree of the twist. If the trouble is at the hip it may be only the natural tendency to walk with the toes forward rather than outward. Rubbing and kneading of the flesh about the hip that makes the prominences of the buttocks may develop the muscles there and thus give greater power to turn out the toes. Such cases have a multitude of varieties and degrees, and the need of artificial support cannot be definitely determined from a short description.

II.

The natural tendency to turn the feet in in walking is particularly marked in children. It is often observed that some children turn in the toes of one or both feet very much when walking, although no real club-foot or distinct disease exists. This peculiarity is often—indeed, usually—cured before adult life by the child itself when old enough to give its attention to it. If it is very marked it probably requires the action of some light, properly-constructed apparatus to overcome it. This can only be directed by some surgeon familiar with this kind of cases, and he can best advise you whether the condition is really of sufficient importance to need treatment at all. By yourself you can do little more than to call Baby's attention to the turning-in of the toes when he is old enough to understand you, and so prompt him to an effort at cure.

Very Dainty In Regard to Her Heels.

Our little girl, eight months old, wants to stand all the time on her toes, and it is hard to get her to put her foot flat down. Can we do anything to remedy this, or will she outgrow it?

Charlotte, N. C.

A. V. P.

It is rather early for the child to be making serious attempts at walking, and until she does the question cannot really be answered. You may find out something in this way: When she is sitting or lying take the limbs (one at a time) in your hands; straighten the knee completely, so that the thigh and leg are in a straight line. Hold the limb thus, and press the toes and front of the foot upward, and see if there is any difficulty in bringing the sole to a right angle (or rather beyond) with the line of the leg. Do this several times to each limb until you feel quite sure what is the con-

dition. If you cannot easily bring the foot to or beyond the right angle, ask your physician to examine it. This is the best advice we can offer, as it may be only a trick of the child, or it may be due to some unusual rigidity of the calf-muscles. There are a number of ailments in which this drawing up of the heel exists.

Weak Limbs.

My baby, thirteen months old, has crept for some time, but does not try to stand at all yet or pull himself up, and does not seem to care to rest on his feet. As he is quite fleshy, is it best to let him partly rest his weight on his feet, and in this way teach him to walk? Some of my friends think it would be best; but as his ankles and limbs seem weak yet, I am so afraid of injuring them. Will you please give your opinion?

Jamestown, N. Y.

A. C. R.

Do not hurry him at all. If he does not walk for six (or indeed twelve) months yet, it is better than putting a heavy baby on his legs prematurely. A baby that creeps well is not without ambition and will get up as soon as it is safe. If his limbs are distinctly weak you may rub them and bathe them with salt and water, but do not urge him to walk at present.

A Baby who Neither Walks nor Creeps at Twenty-one Months.

My baby is twenty-one months old and does not walk nor has ever crept. He seems quite normal otherwise and usually healthy, having always been taken out-doors a great deal. Would you advise the use of a perambulator?

Massachusetts,

L. R. A.

If the baby is "quite normal otherwise" in regard to bone-growth and various kindred things, the perambulator would encourage him to try to walk. But you can also encourage him to creep by engaging his attention with some attractive object and then leaving it near, but not too near, him on the floor, and so entice him toward it. But first examine, or have your physician examine, if he is strong in the particulars alluded to. See if his head is firmly closed; see if he has teeth enough—he is entitled to sixteen at twenty-one months of age; feel of his shins and forearm to see if the bones are as straight as usual; notice if his joints—*i. e.*, the ends of the bones—are larger than usual; also if he is constipated, or fluctuates between constipation and diarrhoea; if he is subject to sweating of the head. If he is all right, then encourage him; if not, wait and have your physician advise you as to what is lacking to make him strong enough to begin walking.

QUESTIONS OF DRESS.

The Knitted Band; Getting Rid of The Pinning-Blanket.

(1) Can you tell me how large to make the knitted bands for an infant? I have but one child, and, as he was dressed the old-style way with many bands, I thought that I could do much better with the Gertrude suit.

(2) I would also like to ask how they do with the pinning-blanket—make it like a skirt or leave it off altogether? I suppose that you will tell me to let the band go after the first month or so, but my boy, now eight years old, had severe trouble with his bowels, and if I took off the flannel band he would be much worse. I also used the band to button the stocking-supporters on, using the supporters as soon as he was put in short clothes. He wore long woollen stockings, keeping his knees and legs warm.

Charlestown District, Boston.

C. J.

(1) A knitted band should be rather loose; one that is tight enough to hold up stockings is too tight. Its only use being for warmth, it should be wide enough to cover the whole abdomen, say from just below the breast to the hips.

(2) One of the merits of the Gertrude suit is that it gets rid of the pinning-blanket.

Knitted Bands of Saxony Yarn.

I wish to tell young mothers how I settled the question of bands for my baby. I knitted them of Saxony yarn, loosely, on medium-sized steel knitting-needles. They are elastic, and keep in place far better than flannel bands do; they do not slip up or wrinkle, and if carefully washed do not shrink. They are knit in old-fashioned garter-stitch in a strip, and then are sewed, or more properly are darned, together, so that there is no seam to rub.

Oil City, Pa.

S. B.

This solution of the question is a very good one.

Silk or Flannel?--Seasonable Dress for a Five-Months-Old.

(1) My baby is five months old, and has always worn long-sleeved and high-necked silk shirts, but I find that his arms and shoulders are generally cold. Shall I put flannel on him instead?

(2) What should be the day garments for spring? When summer comes should I make any difference?

(3) When should I put short clothes on him?

St. Louis.

AN INEXPERIENCED MOTHER.

(1) Silk is cold wear for winter, and, when damp with perspiration in summer, clings disagreeably to the skin, besides becoming almost as impervious as oiled silk to air and moisture, and thus hindering the action of the pores. Fine silk-warp flannel is better wear for all seasons, certainly for warm weather. Lighten his upper garments, should he suffer from heat, and exchange the damp for dry flannel.

(2) The same as in winter, but of lighter material. Substitute short-sleeved and low-necked shirts for those he now wears when the heats of summer begin. Be careful not to leave off flannel skirt and band too early in the season. Wait for July days for this.

(3) As soon as the warm weather is an established fact.

The Rubber Diaper.

Would you advise me to use the rubber diaper for my baby during the coming summer? She was six months old the middle of May, and I expect to put her in short clothes before the warmest weather comes.

Saugerties, N. Y.

S.

We think the rubber diaper a detestable thing. We can imagine emergencies in which it might be tolerated for an hour or two, but cannot conceive any condition under

which its habitual use is justifiable. It is simply a way of poulticing a child's hips all the time, the moisture being supplied by perspiration most of the time and by urine at intervals. If it is very necessary to protect yourself wear a rubber apron.

The Gertrude Suit.

(1) Do you advise a band of soft Jaeger flannel to be worn for warmth and not for support during the first year of the baby's life?

(2) In the Gertrude suit is there not a great deal of trouble experienced from the clothes becoming wet or soiled, which might perhaps necessitate a change of the entire suit several times a day? Would it be better to wear a short shirt next the infant's skin, thus preventing any chill that might occur from the complete change of the suit, or could the Gertrude shirt be so made that the skirt of the shirt could be changed without removing the body of the shirt?

(3) Do you advise the use of heavy or light weight Jaeger flannel for the shirt of an expected February baby, the skirt being of the ordinary weight flannel? Is not the Jaeger flannel preferable for the shirt and night dress to any other material, such as Canton flannel or the material known as "domett"?

(4) How many Gertrude suits are considered necessary for a layette?

(5) Would the shirt of Jaeger flannel be sufficient for night wear?

Philadelphia.

X.

(1) The band of Jaeger or other flannel is worn for support during the early weeks of infant life, or while the abdominal organs are adjusting themselves to the proper performance of their functions. For warmth the wearing of the band may be indefinitely prolonged, and many children of three and four years use them. After the first month, we like the machine knitted band quite as well as the flannel, and it has the advantage of having elastic shoulder straps to help to keep it in place.

(2) Among the many words of praise that have been spoken about the Gertrude garments, there has scarcely been

a complaint of inconvenience in managing them in regard to soil or wet. Every baby should have two napkins. While the clothes are long, the inner napkin should be folded shawl-shape—as is customary—and besides being pinned with a large safety pin where the three corners come together, should be secured on each thigh, where the napkin laps over, by a small safety pin; thus forming a kind of diaper drawers. By slipping the fingers between the thigh and the napkin, these edges can be drawn snugly together without making them too tight when the hand is removed, and much wetting and soiling of the clothing can be prevented by this simple device. The second napkin on a baby in long clothes should merely be folded once, wrapped around the body and fastened, and allowed to hang like a barrow coat between the body and the flannel. This also saves many unnecessary stains. Doubtless the first Gertrude garment could be cut in two, and the skirt be attached by very thin flat buttons to the waist portion, making sure to bring the lapping where it would not be likely to irritate the baby's skin. But we believe this to be a needless precaution, if the above method of diapering be followed. With the Gertrude suit the process of dressing and undressing is so easy and rapid that a baby ought not to be chilled in a room sufficiently warm to make the change in at all. Of course, a very thin cashmere shirt can easily be worn under the Gertrude suit if desired; but we do not consider it necessary.

(3) We always prefer the light weights of all materials for infant's wear. Jaeger flannel is certainly preferable to Canton flannel or "domett" for the shirt and night dress; but we do not consider it superior to a nice grade of all-wool flannel for the shirt, or to a very good and fine grade of cotton-and-wool flannel for the night dress. Even with careful washing, the Jaeger flannels full a good deal, and, with in-

different laundering, soon become so thick as to be unsuitable for baby wear.

(4) Where quick returns from the laundry may be had, three suits of Gertrude garments are a comfortable number; but where washing may be or must be delayed, more are necessary.

(5) It is desirable that a regular night dress of flannel be worn—at least until warm weather—over the Gertrude shirt; and the night dress should be long enough and full enough to button the hem together like a bag. This will keep the little legs and feet warm, at any rate, however the bed clothing becomes disarranged.

Night Coverings.

What shall I do to keep my baby-boy warm at night? Whatever I do he *will* get outside the bedclothes. I fear that by doing so in winter weather he will get pneumonia. He has recently had a severe cold, taken in that way. A few weeks ago I put flannel night-drawers, with feet, on him, and consider them a very good article, but that is not enough covering. I have thought somewhat of making a large flannel bag to put him into, and yet that does not seem exactly a comfortable thing. Perhaps some of your correspondents have already invented something of which they will give me the benefit, for I know some other children must have had the same bad habit which my little boy has.

Brookline, Mass.

A.

Besides the sleeping-drawers we are in the habit of advising one of two things: The careful securing of the covers by tapes or strong safety-pins—large sizes are made for the purpose—or the blanket bag you suggest. The latter, you probably know, is the plan pursued by explorers and hunters in cold weather. As a baby's napkins must be changed at night, the bottom of the bag may have a flap to button over, in which case it is really only a night gown closed at the bottom. It should be made very wide to permit free movement of the limbs.

The Night-Cap; Stockings at Night.

Should a baby with little or no hair, inclined to perspire about the head and neck, wear a night-cap? Should he wear stockings at night? Can any rule be given as to the amount of bundling and wrapping a young baby requires?

California.

PACIFIC.

We know of no use for night-caps. The child can be better protected from draught in other ways. The stockings are not necessary if the bed-clothes are suitable and kept in place. The only rule is evenness of protection and sufficient warmth without burdensome weight.

Summer Dress.

I should like to ask you how I shall dress my baby-boy of eight months in the summer so that he may be warm enough and not too warm; he seems to feel the heat very much. Would a Canton flannel nightgown that has been worn this winter be too warm? Ought he to wear merino stockings, as he is doing now, or will cotton ones be better?

Lebanon, Pa.

E. M. C.

A loose and ample garment, with shirt, napkins, and stockings under it, will be enough in hot weather. Cotton stockings have no particular advantage as to coolness over merino if the former are sufficiently stout to be of any use to a strong baby; so we think you will find the advantages on the side of the merino, all things considered. The Canton flannel will not be too warm, but woollen flannel is more porous and generally more comfortable. If night-drawers closed at the feet are used no other cover is needed in very hot weather.

Summer Night-Clothing.

Will you kindly advise me what material for night clothes you would consider best suited to the needs of an eighteen months' child this summer, who will pass the season at the seashore and has yet the stomach teeth to cut?

Medford, Mass.

W. S. S.

A light, fine, cotton-and-wool flannel makes the best summer-night garments. With proper washing it does not full, and it is in every way safer than muslin for the seashore and but little warmer.

Clothing for Winter.

What is the wisest way to dress a child in winter? I do not approve of the little thin white dresses, and want my little girl to wear fleeced-piqué.

Boston, Mass.

E. P. S.

The garments should be planned so as to make an even covering for the whole body, and should be such as to seem comfortably warm to you for your house and climate, without overloading the child. All babies and children in our winter should have thick woollen undergarments. The heaviest all-wool merinos that you can find will not be too warm. They should be high-necked and long-sleeved, and long in the body. Long woollen stockings, held up by side-supporters, are an excellent protection, and, if possible, let the child wear flannel drawers also, for the skirts fly about and cannot be depended upon. The legs of the drawers can be made separate to button on, if more convenient. Then comes the cotton waist, which helps to protect the chest and holds the flannel skirt and drawers. The fleeced-piqué would be comfortable, but, with an extra flannel skirt and flannel sacque underneath, the thin dresses can be made

perfectly safe. A few house sacques are useful when the rooms happen to be cooler than usual, but should not be habitually worn.

For out-of-doors have a thick hood, or a hat which will cover as much of the head as a hood, with warm, broad ear-pieces, fitting closely, and a heavy cloak. If the child walks she should have thick soles and leggings. If she rides she should have plenty of blankets snugly tucked around her under those used chiefly for ornament. Warm mittens are very important, and care should be taken that they are kept on if the weather is cold, for the child cannot be comfortable if the hands are chilled.

The Winter Outfit.

Please to inform me how to dress my year-old boy this winter. He has worn since birth the "Gertrude" suits. What puzzles me is the Jaeger shirt, and whether he will be old enough to dispense with diapers. At what age do they put drawers on children? Also, what kind of cloak and cap ought he to have?

Cleveland, O.

Y. M.

You could dress him in the Gertrude suit shortened, with the inner garments made warm enough for winter, or you could put him into regular woollen shirts and have waists to which to button woollen skirts, also the drawers when you can put them on.

The trouble with a child of that age is to keep him warm about the legs. He should wear long woollen stockings, fastened up high, and when upon the floor should have woollen creeping drawers. When out of doors, he can be easily wrapped up warmly in afghans, and should have a good warm cloak and cap made like a girl's hood, or else a hat with ruchings about the face and warm ear-pieces.

Some children younger than one year wear drawers. It is about as easy to begin at one time as another. You should have plenty of them and not expect the child to tell his wants, but be content with keeping run of the intervals for him till he gradually learns to tell.

Jaeger flannel can be bought by the yard, and garments made therefrom in the usual way, if you prefer.

Importance of Long Stockings.

(1) I should like to put my baby in short clothes in June, and wish to ask what kind of socks I should put on him? One friend says cotton, another says merino by all means through the first summer. If the latter advice be followed, will there not be danger in changing to cotton ones later; or would this necessitate putting on cashmere ones as the cold weather approaches?

(2) My oldest child wore merino and then cashmere stockings, but is subject to spasmodic croup. Is there any truth in the statement that woollen stockings cause a tendency to croup by making the feet perspire? If this be true, I want to guard against the second child being made a subject for croup.

Yonkers, N. Y.

B. S. M.

(1) When the baby is put in short clothes he should have stockings long enough to cover the leg and knee and go higher yet if the napkins will permit. The short sock commonly used on babies has no value except to keep the shoe from touching the foot; it generally leaves the calf and knee bare if the child moves his legs enough to throw off his skirts. We are persuaded that the secret of healthful clothing is the uniform protection of the body; hence a method of dress that leaves open patches of the person between thickly-clothed ones is more hazardous than simple nudity. A child should not be burdened with clothes, but the protection should be as evenly distributed as possible; hence the advice about the length of the stockings.

As to materials, we prefer those that have a considerable amount of wool. "Merino" is a trade name for knitted goods containing both cotton and wool, apparently in varying proportions. "Cashmere" we are not quite certain about, but we think it is mainly wool with some cotton. The reason for preferring wool is that through it changes of heat and cold are less quickly felt. It has been found that light woollen fabrics make the most comfortable as well as the safest summer apparel.

(2) We do not believe that croup comes from the cause assigned. If the shoe is sufficiently large the woollen stocking does not cause perspiration, and, as already said, a change of temperature or a draught of air, which are the usual causes of a check of perspiration, are much less readily felt through wool than through cotton.

Stocking Supporters.

What is the best means of keeping up stockings for a baby who still wears diapers?

Baton Rouge, La.

G. L. W.

Broad, soft elastic bands buttoned to the tops of the stockings and tied to strings stitched on the inside of the waist of the flannel skirt. After the child puts on underwaists attach the elastics to buttons set on the outside of these.

Garters and Stocking Supporters.

What do you consider best for children, the round garters, above the knee, or the stocking supporters attached to the waist?

Dundee, Ill.

J. A. P.

The objection to the circular garter worn above or below the knee is, of course, that if tight it interferes with the free return of blood from the leg. The objection to the waist stocking supporter is that if tight it draws forward too much on the loins. Now, practically neither does harm if not too tight. If one tries to keep a silk stocking up next the skin or upon slippery underclothing, a tight garter of either kind is needed to keep the stocking free from folds. But as children dressed for comfort and not for show generally in cool weather have drawers of woollen or some knit goods and stockings of wool or some substantial material, the stocking is readily kept in place with very slight pressure. Very little, for instance, is required to keep the stocking of the bicyclist or sportsman in place. In our judgment, the stocking supporter is preferable if the garter must be tight, but if the child is properly dressed it makes little difference. You should yourself see about the snugness of fit.

In the case of the Gertrude suit, if you prefer the supporter, you can put supporting buttons upon the inner garment of the suit.

A Depressed Toe ; Heels and Soles.

When my three-year-old boy was born, we noticed that the toe next the big one on the left foot was inclined to turn under the next one. He wore chamois moccasins till a year and a half old, and then broad-toed shoes ; but I find the toe is not getting any better ; the big toe seems to push over and almost meets the third toe, leaving the second quite underneath. It does not seem to give him any pain now, but I fear will do so later—the nail seems to pass almost through the flesh.

Is there anything I can do for it ? We thought perhaps stockings with separate toes might be an advantage, but do not know if they are made for children—can you tell me ?

Also, can you tell me where to get shoes without any heels? He is wearing the largest size of infant's shoes and the next size has spring heels. I cannot see why, if shoes with no heels are best for *little* children, they are not always best; and then they all have such thin soles. I have used cork soles in my boy's shoes all winter.

Uniontown, Pa.

INQUIRER.

The toe may have had, probably did have, some congenital peculiarity. The management of such toes requires quite a little ingenuity often. The intruding, overlapping toe must be kept in place. Various devices have been used, and which particular one is best adapted to this case we cannot tell by description. Often, too, after the depressed toe has occupied such a position for a time, it will be necessary to raise it by a strip of adhesive plaster or in some other way. You can do a good deal, but you will work best if you have the advice of some good physician of your neighborhood. Get that one who has the most surgical or mechanical "knack." The stockings with separate toes are usually knit to order we think.

The "spring heel," meaning only a thickening of the sole at the back, is harmless. The essential reason, we apprehend, why no heels are used for any young children is to allow them as free movements of their feet as possible until they get control of them. They stumble and fall very readily at best. Any stiff sole would aggravate this tendency; later, they can manage a stiffer sole, and the spring heel is only a slight additional protection to the sole of the foot. The thinness of the sole need not be prolonged after children have good use of their limbs, but you must not expect the shoemaker to make innovations unless loudly demanded. Shoes are made to sell, and the shoemaker is a merchant, not a physiologist, nor usually a philanthropist

Stiff Soles for Babies.

At what age should a child wear stiff-soled shoes? Our baby has worn kid shoes, soft soles, since he was seven months old. He is now one year but has never shown any inclination to walk or creep. He is large for his age, strong and healthy. Will a stiff sole injure the shape of the foot?

Newton, N. J.

R. P. C.

The stiff sole is not necessary until he begins to walk out-of-doors; it then is useful to prevent bruising of the foot. The stiffness of the sole, if the shape is right, will not change the shape of the foot; but unfortunately the shape of baby-shoes is not always right, although they are usually less atrocious than the soles made for adults.

TRAVELING.

Preparations for a Proposed Sea-Voyage.

I.

In September we are to take our baby boy, who will then be fifteen months old, to Buenos Ayres. He has been brought up on Mellin's Food and cow's milk since the age of four months, is strong and healthy, but is, we think, rather backward in cutting his teeth, as at nine months he had but one.

Can you offer any suggestion that would be of help to us in regard to preparations for his long sea-voyage?

Jamaica Plain, Mass.

H. W.

II.

As I am contemplating a journey across the ocean the early part of May and intend taking two young children, would you kindly advise me what preparations I ought to make?

(1) What is the proper clothing required on the steamer, for a boy four and a half years old and a baby eighteen months old?

(2) Is it best to be provided with medicines, and what should they be?

(3) What kind of milk shall I provide for the journey?

(4) Will a journey of this nature subject my children to any danger?

Detroit, Mich.

A. S.

I.

There is nothing very definite to be said regarding an ocean voyage for an infant. While the belief sometimes held that infants are not seasick is not entirely true, it is nevertheless true that they usually bear the motion of the ship remarkably well, perhaps from the same immunity, whatever its cause, that makes them tolerate or even apparently enjoy tossings and turnings and positions which

would make an adult giddy. The comfort of an infant aboard ship depends very much upon the condition of its attendants; if they can properly care for its needs (food, fresh air, etc.), it is likely to do well. Food on ship-board need not be changed from land diet. If you wish to continue your boy's special diet you can do so, but at fifteen months he will have probably outgrown it. He should before the voyage be accustomed to a food very similar to that which you can obtain after you reach your destination. By laying in a supply of sterilized milk, or if you prefer, condensed milk, you may face your voyage with little fear.

II.

(1) For the crossing, such clothing as would do for ordinary winter wear will probably be suitable. Early in May the weather on shore is subject to violent fluctuations—often a short season of high temperature being experienced—but at sea this is not likely to occur, and if it should come, the laying aside of heavy wraps will be sufficient. If the voyage be stormy, the children will probably be in bed. Warm woollen bed wrappers are a convenience if you are not too crowded for room.

(2) The ship's surgeon will have all necessary medicines, but you may find it convenient to have a few simple ones, such as a laxative (constipation being common at sea) and remedies for colic and for nausea, such as peppermint and aromatic spirits of ammonia.

(3) Sometimes steamships have an adequate supply of milk, but sterilized milk can be procured easily. It can, in New York, be ordered sent on board ship. If you prefer, condensed milk can be taken.

(4) There is no probability that your children will suffer more than temporary inconvenience from the voyage.

Diet During a Long Railroad Trip.

I.

May I ask your advice in regard to my baby, just a year old? I have abundant breast milk for him, but as he has seven teeth, have thought it best to give him one meal of steamed oat-meal and milk. He is perfectly well.

Next September, when he will be about eighteen months old, we expect to take him for a four days' railway journey. In consideration of that fact, (1) would you advise weaning him before September? (2) How often should he be fed? (3) At his age, is it necessary to have the milk warmed? (4) Would you suggest any extension in his bill of fare?

Madison, Wis.

K. M.

II.

I am contemplating a three days' journey by rail with my twenty-months-old child in May or June, and shall be greatly obliged if you will advise me what to feed him during the time. I am very much concerned about it, as he is accustomed to warm food three times a day.

Kansas City, Mo.

B. N.

I.

(1) While a mother occasionally has milk enough for a child of twelve months, it is almost phenomenal if she *really* has enough for a child of eighteen months. The chances would be much in favor of the milk giving out in the summer. Of course there are exceptions, but we have to advise according to probabilities.

We would have the child weaned before the hot weather, by June 1st if possible, beginning soon and doing it gradually.

(2) After weaning, five or at most six meals are enough, one every three to four hours, according to size of meals. Something like this is feasible: 7 and 10 A. M., 1, 4, 7 and 11 P. M., or 7, 10.30 A. M., 2, 5.30 and 11 P. M. The hours of naps may vary the meal times.

(3) Yes; lukewarm milk we think much better until three years of age on an average. The milk should at any rate never be given in childhood really cold, *i. e.*, as taken from a refrigerator or chilling room.

(4) Not until autumn. Inasmuch as on the four days' railway journey you will probably need sterilized milk, you would better teach him the taste of it in advance. Or for those days a good quality of condensed milk might be used, in which case a similar preliminary teaching will be advantageous.

II.

Borden's condensed milk is good and generally safe food to use while traveling. You can procure boiling water at the stations where the train stops for refreshments, and sometimes from the porter while the cars are in motion. There are nursery-lamps with sauce-pan, kettle, etc., which can be packed in a hand-basket and set upon the sill of the car-window, if you cannot have a portable lunch-table arranged for you by the porter. Almost every "through train" is provided with these. Mix the milk with boiling water, as directed in the printed label on the can.

THE MOTHER.

The Promotion of the Suckling Power.

I have been so much interested in Dr. Allen's suggestive article on the "Laws of Maternity" and in the other contributions on similar subjects which he has at various times published, that I am tempted to ask you for advice in a kindred matter, though of a somewhat different nature—namely, as to where there is no lack of quantity but a doubt as to quality in the mother's milk.

To make myself better understood, let me cite the case in question, of one who has nursed her two children successively, each a year, and has had an abundant supply, giving the child no additional food until the tenth month, when feeding was substituted—in order to facilitate weaning—at first once a day, and gradually more and more often, until in the twelfth month the breast was entirely withdrawn. Both babies were happy, contented children, sleeping well all night, and taking long day naps. The oldest, now three years, has had but one illness of any importance, occurring at eighteen months, in his second summer, and caused by the nervous excitement incident upon cutting teeth. With a temperature at 103° for a week, and refusing to eat, life being sustained by drops of Murdock's food and outward applications of brandy and cream, his recovery and rapid rallying *seemed* to indicate a strong constitution. The baby of fourteen months records in his little life no illness but one cold of short duration. The mother has no organic troubles, and is apparently an entirely healthy woman, bearing and nursing her children with little drain upon her vital forces.

Notwithstanding all these favorable signs, it has been suggested, by both physician and friends, that her milk was not good for the children, and that they did not thrive as it was thought they would if allowed to suckle an Irish or English woman; even manufactured food, it was hinted, might be preferable. Their argument was drawn from the following facts: The little ones lacked color, one of them being very pale; their passages showed, at times, want of proper diges-

tion ; they were of light weight, as the following table will show : At three months, respectively, 12 and $13\frac{1}{2}$ lbs. ; six months, 17 and $16\frac{1}{2}$ lbs. ; nine months, $19\frac{1}{4}$ and 18 lbs. ; one year, $20\frac{1}{2}$ and $18\frac{1}{2}$ lbs. ; 15 and 14 months, $21\frac{1}{2}$ and 20 lbs.

It will be seen that the increase, in both cases, was no more rapid after feeding was begun. These three symptoms—pallor, signs of indigestion and slow increase in weight—were, I think, the only ones urged as reasons for a change of diet.

(1) Bearing in mind the fact of the children being happy, contented and good sleepers, do the symptoms seem to you sufficient to warrant—should the question again need to be decided—the employment of a wet-nurse and the discarding of the God-sent nourishment?

(2) Cannot medical skill suggest means by which the lacteal fluid can be altered and improved or rendered more digestible?

In this case the test of litmus paper showed no acidity and the milk appeared of sufficient richness.

(3) Are there any rules which should be observed by a nursing woman, other than to abstain from highly seasoned food, to exercise self-control and avoid over-fatigue?

(4) Dr. Allen speaks of the nutrition required by “preponderance of brain and nervous system,” and the consequent “failure in lactation.” Should one from this infer, that while suckling her child a woman ought to indulge in no literary pursuits, and should keep the brain, as far as possible, quiet and inactive, that it may not draw upon the system for nourishment required in other parts of the body?

(5) Should also the fact that the mother while suckling, gained rather than lost, in flesh and color, be regarded as detrimental to the babe and a possible reason why the child was less rosy and fat than could be desired?

Most earnestly do I beg for all the information that can be given on this matter. The case for which I ask advice is not, I know, exceptional. Many similar ones have been cited to me, and I believe many more American women would be able to suckle their children, did they only receive at first, in their weakness, the proper encouragement, and afterward the advice and instruction needed to continue successfully. Too often, when the milk is slow in coming, the young mother nervous and anxious, Baby hungry and crying, other food is given or a wet-nurse substituted, without due amount of patience or proper efforts to stimulate sluggish nature, and without attempting, by cheerful assurances of success, to assist the mother in producing that

flow which, when once arrested, seems stopped forever. Surely this also is a subject for consideration; and may it not be possible that the number and variety of manufactured foods for infants, together with the ease in procuring wet-nurses, have been in a measure detrimental to the present American mother? Our New England grandparents knew of no other way than to nurse their own children. There was no question of anything else. The "Foster Mother" had not been imported from the Old Country. The "only true substitute for mother's milk" was not advertised in every paper and placarded in public places. But be that as it may, and fully realizing the justice and importance of Dr. Allen's statements, I still have faith in the present American mothers. I believe if those about to become mothers were better informed with regard to their personal care, and if the much-needed advice and help were only given to all in time, most American mothers would again, as formerly, successfully suckle their young. And as one of them I look for assistance to you.

L. O. S.

The subject about which you inquire is a complex one, but we answer as well as we can your distinct questions.

(1) As you state the case—perhaps unintentionally in an *ex parte* manner—we do not see that the necessity of change of breast was made out. When we recommend the change to a wet-nurse the presumption is that we are to change to a very good one—a presumption, unfortunately, not always sound. In our own searches we sometimes succeed promptly, sometimes only after many trials, or even then indifferently.

(2) Perhaps medical skill some day may; but beyond good and careful nutrition, with medication if distinctly needed, it has as yet little power in changing the character of the milk. If the poverty in quality or quantity of the milk is dependent upon remediable or recognizable defects in health or diet we can do a good deal; if it is due to faults of constitution it is hard to correct the evil.

(3) The rules cannot be made hard and fast for every one, but beyond the points you suggest, we should say the diet is to be ample without being burdensome either in bulk

or in its demands on digestion. Food should be taken at not too long intervals—*i. e.*, between the regular three meals light auxiliary meals may be inserted. In this way milk, chocolate and the like are useful. That the fat (cream) in milk is increased by the use of nitrogenous food seems to be well established.

(4) We do not understand that the “preponderance of brain and nervous system,” etc., means that this is active especially during the period of lactation; but that it has existed throughout all the life, or at least the developmental stage of the woman, and has rendered successful lactation an improbability from the start. A female born with this nervous preponderance and whose life till marriage has been calculated still further to exaggerate it, cannot expect, even with the best regimen during pregnancy and lactation, to counteract it, except in a small degree. We do not suppose that moderate mental activity hinders suckling.

(5) We think not. A woman may grow fat during lactation by reason of fattening food (milk, etc.) taken to increase the flow of milk, and if the child is not as rosy or fat as desired, it is not in our opinion because the mother gained, but from some other cause. A woman may gain flesh and secrete poor milk, but the same woman probably would secrete no better milk if she had remained thin. It is a matter of common remark that fat persons (or animals) are not the best milk givers, but the difficulty seems to be inherent and not due to any gain at the time of lactation.

Sore Nipples.

My baby is bottle-fed because of the suffering caused by sore nipples and two gathered breasts, the milk having been so transformed by my nervous terror from the pain that it nearly killed her. Do you know or can you safely recommend a cure for sore nipples?

Brooklyn.

R. M. S.

"Sure cures" rarely exist out of the realm of popular medicine. We have none to offer. But careful attention to the following details generally insures immunity or speedy cure. The usual causes of sore nipples are two. First, want of development of the nipple, which makes it difficult for the child to nurse without violent sucking; a similar condition results from flattening of the nipple from pressure by a corset for years, the nipple becoming broad, but not prominent enough for the lips to grasp it. The second cause is want of cleanliness—not want of ordinary cleanliness, but of absolute cleanliness, or, as the medical phrase is, "surgical cleanliness." It may be said at the start that some persons—particularly persons subject to eczema—seem to have a greater tendency than others to these nipple troubles.

When the nipple is not well developed or is flattened, much may be done during the later months of pregnancy to enlongate it by gently but persistently drawing it out and pressing backward at the same time the darkened skin around it (areola.) If at this time the surface of the nipple seems to be tender, it can often be hardened by frequent bathing with alcohol or with some astringent solution, such as alum-water, alcohol and alum, witch-hazel extract, and the like. Occasionally a person is found whose skin does not tolerate these applications, but in the great majority of cases they agree and are beneficial. But no preliminary preparation will be effectual if the details of toilet of the nipple, presently to be spoken of, are not heeded.

Sore nipples are of two kinds, those that are tender or excoriated ("raw") and those that are fissured or cracked. The prevention and much of the curative treatment is the same for both. The first kind are usually made tender first of all by the oozing of the watery liquid that precedes the milk. This, with the moisture of Baby's mouth and a little milk (when it has come) left after nursing, if not removed

with the utmost care, will remain in the minute folds of the nipple-skin and soon set up an irritation. At first, to the naked eye, or even with a magnifying glass, nothing is evident but a redness of the surface; but this spot is exquisitely tender, and many women who have bravely borne the suffering of labor shrink from the putting of the baby to the breast. This, if not promptly attended to, becomes a raw surface, and even more tormenting than before.

Now, from the start the nipple should be kept scrupulously clean. It should be bathed before suckling and after it. Some mild and unirritating disinfectant should be used—boracic acid is our own preference—dissolved in the warm water employed for bathing the nipple. It will be worth while to examine the nipple, and particularly its base, for wrinkles and folds of the skin, because in these the fermenting liquids hide and set up the irritation. If such folds be found they may be washed out by the aid of a camel's-hair pencil. The parts should then be carefully dried, unless the attendant thinks it better to keep some soothing wash always on the nipple in the intervals of nursing. One authority advises the use of Goulard's extract—a teaspoonful to a tumbler of water—to be kept for several days on the nipple by means of a soft cloth, washing it carefully away before nursing.

If but one nipple is sensitive the task is easier, for then the child may take the other for a day or two, the tender breast being carefully emptied by stroking and rubbing. Two days' rest of a nipple almost always results in a cure. When, however, both nipples are troublesome, they require more attention, but the rest of both breasts results in a disappearance of the milk altogether.

The treatment of cracked nipples demands the same precautions as have been detailed. In addition the fissures themselves often, if not usually, need local treatment; but

as this can only be well carried out by the physician or a well-instructed nurse, it is not worth while to enter into it here.

The Diet of a Nursing Mother.

What should a mother eat while nursing her baby, or what especial things should she avoid eating?

Santa Rosa, Cal.

W. M. G.

No explicit directions can be given. There is a very general belief among mothers that their articles of food may affect the suckling's digestion. There is nothing improbable in this, since we know that some drugs taken by the mother can be recognized in the milk; and certainly in cow's milk the taste of certain things, the turnip, for instance, eaten by the cows is often recognized. In practice, however, women are not harmonious in their opinions as to the kinds of food which do affect the suckling, and some medical men are skeptical as to the whole matter. For ourselves, we think the truth is about as follows: Any good wholesome food which the mother can ordinarily fully and easily digest, *i. e.*, without distress, acidity, flatulence or other evident disturbance, may be eaten, with perhaps the exception of such articles, chiefly vegetables, which contain a strong volatile oil or principle such as we can recognize by the taste in cow's milk. Such are the cabbage, cauliflower, turnip, onion and garlic. Now, we are not quite sure that even all of these need in every case be avoided, for they certainly form a considerable part of the diet of nursing women in some walks of life. Whether in those cases they do not usually affect the infant, or whether a certain amount of disturbance of the baby's digestion is in those rather unintelligent circles considered as normal or unavoidable, we do not positively

know. We should advise the use of other things in preference; and in case these vegetables are especially craved or are needed as laxatives, that they be taken cautiously and the effects noted. There are many articles which some persons digest perfectly and others only with the formation of much gas, notably starchy things—white bread, potatoes, beans, etc. Concerning such there is no rule beyond individual experience. It would be a pity to avoid any food that is wholesome to the mother if it is not really disturbing to the child.

We believe that all alcoholic beverages should be used sparingly and with great circumspection, unless ordered by a physician, in which case explicit directions as to dose and the period during which they should be used should be asked for.

The Best Method of Drying Up the Mother's Milk.

What is the best method of drying up the mother's milk?

New Jersey.

F. L. B.

Ordinarily, absolutely nothing is needed but to let the breast alone. If the breast fills, stroke or pump out the milk. Belladonna ointment applied to the breast, however, hastens the disappearance of the milk and eases pain, but do not let the infant get any of the ointment in its mouth or eyes. It is very poisonous.

Care of the Mother Rather than the Child.

My baby boy is two weeks and one day old, and is, to all appearances, a healthy, hearty little fellow; he weighed over twelve pounds when born and has gained about half a pound since. He sleeps from four to seven hours at a time, and has twice in his short life slept from eleven in the evening until seven next morning without waking to be nursed. I don't believe he has cried an hour altogether since he came into the world. He has never had the slightest symptoms of colic.

The one trouble seems to be with his bowels, as he has had not a digested passage since his birth. My physician has tried several different remedies without apparent effect; he has analyzed my milk and pronounced it satisfactory in quality and sufficient in quantity. Is this trouble likely to wear away, or will it, as I fear, result in loss of flesh and strength to the child if allowed to continue? I am perfectly well myself, and am rapidly regaining my strength.

Yonkers, N. Y.

G. M.

A baby of fifteen days, who is as comfortable, in spite of the imperfect digestion of his food, as the one described does not seem to us to need much medicine. It seems, however, that his mother needs some caution. Few mothers are allowed to write letters fifteen days after delivery, and we fear that this forwardness may be evidence of premature resumption of other more taxing duties. We would advise care on the mother's part and the continuance of the physician's supervision both of mother and child for some time longer.

"Nursing Sore Mouth."

Can you give a cure for "nursing sore mouth"? If not, please give such advice as you can and greatly oblige

New Bedford, Mass.

A SUFFERER.

The disease known as "nursing sore mouth" is, fortunately, a rare one nowadays. Some thirty years ago it excited much discussion in American medical journals in various parts of the country. It has been known to be epidemic where some bad climatic or hygienic conditions have existed. The disease is probably always dependent upon anæmia (thin blood), and it sometimes occurs before delivery, and has even attacked males. Authorities agree that the surest cure lies in tonics, iron, quinine, cod-liver oil,

good food, and perhaps wine. One writer goes so far as to maintain that it is neither more nor less than scurvy. The best preventives are good, generous diet and good hygiene during pregnancy, as well as during the nursing period.

Excess of Abdominal Fat.

Is there any safe and practical way of removing superfluous fat from the abdomen? The nurses here never bandage after labor. Would that account for it? Immediately after the birth of each of my two children there has seemed to be no adipose tissue there at all. Before I am out of bed, however, it has begun to be deposited all over the surface of the abdomen, and, alas! it continues to come. My general health is good. I take much out-door exercise, and my diet is mainly meat and fruits, as I do not care for sweets or starchy foods of any kind, but the melancholy fact remains and I fear the trouble will increase—28 inches waist, 48 inches hip! I know this question has nothing whatever to do with the care of babies, but as the trouble seemed to be caused in some indirect way by them, I take the liberty of coming to you for help.

Tennessee.

O. S. B.

The excess of abdominal fat after delivery is not dependent upon the absence of the bandage. We have often seen it occur just the same with the bandage. The peculiarity is in part constitutional. For its relief, diet will do something, kinds of food and amount of liquid both being considered. But during lactation, a good deal of liquid may be needed. Further, we believe that systematic muscular exercise of the abdominal wall is useful, in that much of the protuberance of the abdomen is due not to the fat but to the laxness of the muscles. We have knowledge of instances in which during a course of exercise several inches were lost in girth while no weight was lost. Even if girth be not reduced, the muscular gain enables one to be more active.

Hair Falling Out After Confinement.

In behalf of some of my friends as well as myself, I want to know if you can give me any information regarding the prevention of the falling out of hair after confinement? I have very heavy hair, but after the birth of my little boy, two years ago, I lost fully one-fourth of it, and it has not grown in to any length since then. Now, a frequent recurrence of this would be most disheartening. Is there any known treatment of the scalp, either before or after confinement, that could prevent this?

Des Moines, Iowa.

F. C. M.

We know of no way of preventing this peculiar fall of the hair, which is of very common occurrence and very similar to that following severe illness, particularly if attended with fever. Fortunately the hair usually returns as fully as before; but as a very long time—many months or even some years—is required for it to gain the great length seen on some women, the frequent recurrence of pregnancy might prevent its reaching its original length. Applications to the scalp are useful if there is a recognized disease of the scalp; but in cases where there seemed to be no local disease we have not been able to see that the growth of the hair was more rapid after using the most approved local applications than in those instances in which none were used.

MISCELLANEOUS.

A "Hard-Reared" Baby.

My baby has attained the age of sixteen months. He has been unavoidably bottle-fed, and has been what many would call a "hard-reared baby," but now seems perfectly healthy and fairly developed, walking but not talking, and boasting the possession of ten teeth. His diet is still confined, of course, to milk, cream, oatmeal, an occasional fresh egg, roast potato and bread and butter, of which last he is inordinately fond.

So far so good. But Baby has one or two bad habits that seem to grow with his growth—first, exceeding restlessness at night; second, there seems to be an impossibility of weaning him of night feeding, or drinking rather.

He has never, I believe, slept a night continuously, whatever his state of health. Just now his programme is to wake once, say about 2 A. M., scream violently for a few minutes, and insist on having some one take him from his crib to amuse and pacify him, and finally, after about half an hour's recreation, he condescends to accept a full bottle and retires with his treasure. Frequently he drinks two or three bottles of milk through the night, although in the day he never looks for one, drinking from a glass or cup at meal-times.

I am quite at my wits' ends. What am I to do? If I let him cry on without heed or help, it seems to me he will certainly cry himself to sickness, so violently does he set about it; and how can I wean him from drinking?

Philadelphia.

M. M. H.

We will give what help we can on the facts stated. The phrase "hard-reared" we interpret to mean that his rearing was difficult, either from distinct sicknesses or from some delicacy or feebleness; if the latter, most probably digestive derangements. He now, at sixteen months, has ten teeth, probably the eight incisors and two of the first molars.

His "two bad habits" may be considered as manifestations of one. To give the cause of them, of course one should know a great many things not stated in the query. But one cause is suggested by the facts given. A child with probably only two molars has among its articles of diet two things notably hard of digestion at his age, and only digestible after prolonged chewing—namely, potato and bread. Both of them contain starch in a very large proportion. Fine wheat flour contains, according to some analyses, upwards of 70 per cent. of starch, and bread from it still near 50 per cent., some of the starch having been changed by the raising and cooking of the bread. Raw potato has, say, 92 per cent. of starch. Now, without claiming, as some seem inclined to do, that starch is the great poison of infancy, it cannot be denied that it is very indigestible to children. Only prolonged chewing makes its digestion probable in adult life, and to many people it is always indigestible. To an infant as yet unsupplied with chewing-teeth (molars) it must be very difficult of digestion. The form of indigestion need not be one that must cause immediate pain, or perhaps any great pain at all, but it may lead to derangements of a remoter kind. This may not be the case with your child, but we cannot help associating the starch and the restlessness.

The demand for the "full bottle" is probably a natural sequence of the other troubles, or it may be partly habit—we cannot speak with precision for want of information. We presume you have tried water to make sure it is not thirst that troubles the child. If you have not, try if a bottle of water, not too cold, will not content him. Many children, however, demand the bottle because they have been taught all their short lives to expect something to be put into their mouths as the preliminary to sleep. They do not need food any more than many men need spirits, but they

have gained a habit. If we had to deal with a wakeful or restless child, and could find out only the things you have stated, we should first get rid of the starch, giving in place of the milk diet for one meal some beef-juice or good plain broth (*bouillon*) of beef or mutton. If he craved bread he should have only the hard crust, which is more digestible than the soft crumb and portions of which cannot be swallowed until it has been diligently chewed off from the piece. The details of the remaining management would depend upon the success attending the change of diet. It is well, however, in the case of any "hard-reared" child, to have occasional advice from your physician, who can work out all the real facts. What has been said above is based on the few placed before us.

The Flow of Milk the First Days After Delivery.

Will you please tell what is best to be done the two dreadful days after birth, "before the milk comes"? If there is to be none, would it not be as well to feed the child at once? Why is there such a break in an infant's nourishment?

San Francisco.

E. W.

Those days are not always "dreadful"; indeed, we think they rarely are so in this day of good nursing. That the absence of the milk is not a detriment to the baby may be inferred from the fact that most living things in nature are adapted to their surroundings, and also from the following facts. Not only infants but all young mammals pause in their growth for a few days, perhaps for a week, after their birth, and they may absolutely lose weight. A similar delay is noticed in newly-hatched chickens, which, of course, never depend upon the mother for food. The experiment has been tried, in a series of cases, of putting new-born infants to the breasts of women who had been delivered a few

days previously and whose flow of milk was established. These children all lost weight like others. The cause of this loss is not certainly known, but is believed to be due to the fact of the establishment of respiration and the necessity of the child's furnishing its own heat instead of getting it from its mother. More tissue is burned up until the new order is established. If during those days the child is kept warm and its thirst quenched with warm liquid, it generally makes little complaint.

Thumb-Sucking.

In your personal observation, have you ever seen children whose teeth projected, or whose upper jaws were V-shaped, because of having sucked their thumbs?

Pulaski, N. Y.

I. T. G.

We have often seen the V-shaped jaw in children who were thumb-suckers. It is reasonable to suppose that the habit was the cause, although it would be impossible to prove that the jaw might not have had this shape had the child not sucked its thumb, because such shaped jaws belong to some families, and no one can recollect whether or not the elders were also thumb-suckers. Further, we have seen other and more complicated distortions of the upper jaw, and even of the nose, caused by the pressure of thumb-sucking, which it required much trouble on the part of the dentist, and expense on the part of the parents, to correct. Those who have given most study to the matter (scientific dentists), whose opinions we know either by reading or conversation, agree in considering thumb-sucking a potent if not the main cause of the V-shaped jaw.

Popular Misconception of Medical Terms.

Is there any difference between diphtheria and membranous croup, and is the latter contagious? And is it only allopathic physicians who consider them identical?

Covington, Ky.

J. V. S.

We may say at starting that so far as we know there never was any school of physicians calling themselves allopathic or allopaths. But by a singular misuse of words the name is popularly applied to those who do not accept the doctrines of homœopathy or any other pathy. The special point asked about has never to our knowledge been made a distinctive one between any schools of medicine.

The identity of diphtheria and membranous croup has been very much discussed for many years, and the opinion has varied very much with time. Physicians who were in practice about thirty-five years ago, the time that diphtheria first reappeared in this country after a very long absence, pretty generally considered it as a very different disease from the then well-known membranous croup. As time has passed, this opinion has lost ground, and has nearly disappeared. We doubt if the question can be absolutely decided. But without any intention or desire to dogmatize, we may say that our own notion is this: That the membranous croup of forty years ago was not diphtheritic; it was rather a rare disease as compared with diphtheria to-day, and the evidence of its contagiousness was wanting. On the other hand, to-day a membranous laryngitis (croup) is practically always diphtheritic, the change probably being due to the general diffusion of the diphtheria poison. There are many kinds of sore throat characterized by a membrane-like exudation, concerning the nature of which a good deal of doubt and difference of opinion exists among those well qualified to judge. Thus there are many cases which every one agrees to be diphtheria; other cases every one is equally

sure to be non-diphtheritic ; but between are many kinds of tonsillitis concerning which a guarded opinion must be given, unless one take the short and easy method of classing them all together as diphtheria, a method which tends to magnify the repute of the user, as a vast majority of his cases will get well.

We may mention one term only to condemn it: It is "diphtheritic sore throat." If any disease is diphtheritic it is diphtheria ; if it is not diphtheria it is not diphtheritic. If the physician is not sure of its nature he should have the courage and honesty to say so, and not hide behind a tricky phrase. The danger of using it lies in the habit of people to be misled by a meaningless name, and neglect necessary precautions. Every doubtful case of throat disease should be treated as dangerous.

In leaving the subject, we may mention a similar dangerous blunder in the supposition that scarlatina is a mild or innocuous form of scarlet fever. Scarlatina is simply the Latinized technical name for scarlet fever ; the blunder probably arises from mistaking the termination "ina" for a diminutive. Scarlatina is neither more nor less than scarlet fever.

Number of Movements of Bowels a Day.

My baby is nearly ten weeks old, weighs twelve pounds, and seems comfortable and thriving, sleeping on an average fifteen hours out of the twenty-four, so I suppose he is doing well.

I want to ask how many movements a day a healthy child of his age may have. He always has five or six, and sometimes eight, in the twenty-four hours, which seemed to me too many. They are for the most part a good color, though once in a while what he passes will be very green ; the consistency is all right. We feed him with cow's milk, prepared with "Peptogenic Milk Powder," fixing it in the

morning for all day and night according to direction "No. 2," which only directs the milk to be "scalded" after standing in the "bath."

Bloomfield, N. J.

H. M. B.

The usual number is from three to five. But an increased frequency above this standard, if the stools are of proper character, is not a sign of disease. If the movements are right in color and properly digested the over-frequency may be disregarded.

Ambidexterity.

My boy of twenty-six months uses both hands alike, and has no difficulty nor awkwardness with the left. Until he is able to eat at the table, feeding himself, I shall make no distinction. Am I not right? At table, of course, he should not be singular in the use of knife, fork, or spoon, but I believe in all else he should be able to command one hand as well as the other.

Brooklyn.

R. M. S.

The question of ambidexterity is a very interesting one. If a person can use both hands alike, or nearly so, he has a great advantage over others. By no means discourage the use of both hands. But examine if he has real ambidexterity, or whether he is left-handed. A left-handed person is usually easily taught to use his right hand, but he is likely always to resort to his left hand for any effort of strength. It has been urged that all children should be taught to use both hands alike, but practically it is impossible, for scientific inquiry has shown that in proportion as races or people are cultivated the left-handedness disappears. No people is known in which left-handedness predominates, but some tribes exist in which, if our memory serves us rightly, as many as one-third of the individuals are left-handed—at least three times as large a proportion as among

Europeans or Americans. And this predominant right-handedness is not the result of education, but of heredity, as most children require very little teaching to make them use the right hand, and a great deal to use the left. The child that shows ambidexterity should be encouraged in it, and if you wish your boy to have certain table manners teach him **only** at table. Do not make him ashamed of his left hand.

Excessive Perspiration.

Will you be kind enough to tell me whether excessive perspiration in a child is weakening? My baby, now nine months old, is perfectly healthy, weighing twenty-four pounds. She has four teeth, and sleeps and eats well, having six meals in the twenty-four hours. She is fed on groats almost entirely, and was partly nursed and partly fed until last month. She has never been sick, although she has been troubled with eczema since she began to teethe, but this has now nearly disappeared. She perspires principally in her neck and the back of her head, and cannot bear more covering at night than a sheet, even when it is cool. We found a feather pillow too heating, and tried a hair one; now we are obliged to lay a linen sheet, folded many times, under her head, and, although this is saturated, it is the only thing that keeps her tolerably cool when asleep. I should like very much to know if this perspiring is healthy, as many people tell me, and if checking such a thing suddenly would not be likely to bring back eczema.

Boston.

T. G.

The description given is an excellent one of the perspiration of early rickets. The child should at once be brought to the notice of the family physician, or, in his absence, of a physician familiar with children's diseases. In spite of Baby's fat condition there is pretty certainly a fault in her nutrition.

The Infant's Normal Weight.

How much ought the normal child to gain in one week? What is an average or fair weight for a child of four months?

Newington, Conn.

K. M. F.

Growth varies greatly according to age. During the first week there is usually a slight loss, which loss is really made in the first three days. After this is overcome the gain is continual but not uniform. It varies first of all with different children, depending somewhat, but not entirely, upon the original size and strength of the child. A quarter of a pound per week is a fair gain for the first month or two, but the gain often reaches half a pound weekly for this period. By the age of four months it is slackening, being usually not much above a quarter of a pound per week. The weight at that age will be on an average about 12 pounds, sometimes 14 or more, but the weight at four months, owing to the progressive retardation of growth, is on the average fully half what it will be at one year. Thus a child who weighs 14 pounds at four months, cannot be expected to weigh above 25 pounds at twelve months, if so much; and the weight at one year will not on the average be again doubled before the eighth year is reached.

Drowsiness Following a Bump on the Head.

What should I do when a child falls on the back of his head? Should I let him sleep or keep him awake? My little boy fell from his high-chair a short time ago, hitting the back of his head with such force as to cause him to vomit. I was advised to let him go to sleep and send for a doctor, which I did; but Baby woke up after an hour's sleep, quite bright. My physician says I should have kept him awake, but I think I did right.

San Francisco.

R. E. B.

We also think you did right. We do not know of any condition due to an *injury* where keeping the child awake can do any good, whereas sleep is often a restorative, as in the case of your child. If a child has taken a narcotic poison, such as a preparation of opium for a typical instance, the tendency to sleep much should be combated until the effects of the drug are past. In such a case as you are describing, however, this condition is one of very mild concussion of the brain. Vomiting generally announces the beginning of reaction. The notion that children who have had a fall and have bumped the head severely should not be allowed to sleep is very common in popular medicine, but we do not remember to have met it in medical circles. It probably arose from a confusion of the stupor of compression of the brain, or of the symptoms of the meningitis which sometimes follows severe injuries to the head, with the restorative sleep.

Punishment for a Disobedient Child.

My little girl of four-and-a-half is a nervous, rather precocious child, and I find it difficult to know how best to punish her when she is naughty. She is very disobedient, though I have made efforts ever since she was born to teach her obedience. Rather than give up her own way, she will disobey without the slightest hesitation, though she is quite well aware of the consequences. Can you suggest any mode of teaching her obedience?

Montreal.

M. D. L.

There is little in the way of advice of a specific nature that we can give. We believe that the method of governing must be planned for each child. Careful and loving study of the child's character is an essential to success, and the particular way in which the child is to be managed is to be the outgrowth of such study. A parent should bear in

mind that obedience is not an end in itself; it is simply a means to the good of the governed. Military discipline is not for the benefit of the commander, but to make the army, in its time of need, the most powerful possible expression of the strength of the nation to which it belongs. Domestic discipline exists only for the general good, and is gradually relaxed as the development of childish intelligence enables the child to appreciate its responsibilities and to govern itself. Parents often forget this. The wise parent will avoid unnecessary collisions of will between herself and the child; but if a collision is inevitable, she must not leave it doubtful who has been victorious. All of this frequently involves ineffable patience, self-control, and often self-abnegation. But it has its reward. Every child, not absolutely mentally or morally hopeless from defect of birth, will show the effect of such care. Not all children can reach the same moral any more than the same intellectual plane, but all are helped by kind and conscientious care, even if the child be cleverer by nature than the care-taker. The methods of guiding may vary greatly, but unnecessary crossing of a child's purpose is one of the poorest.

The Selection of a Wet-Nurse.

I have read with great interest Mrs. W.'s communication concerning wet-nurses in the columns of *Babyhood*. Doubtless the evils and dangers of entrusting one's delicate child to a stranger are great; but, after all, in many cases they must be bravely met in order to save the very life of the child. Artificial nourishment is at best only a makeshift. I tried it once, in the case of my second child, but determined never to bring up another child on the bottle as long as I was able to pay for a wet-nurse and bear up physically with the inevitable annoyances in her train. But not many mothers can bespeak a wet-nurse in advance, and in the hurry of procuring one in the hour

of need it is almost impossible to exercise the care and discretion that are so essential in the selection of the proper person. Nor is a physician's advice always available. I have often wished to be informed concerning the physical qualifications of a wet-nurse, but have never found anything really useful in popular books or periodicals. It would seem superfluous to look for even average mental or moral qualifications in persons of the class that furnish wet-nurses, and I know that many excellent persons object to employing them under any circumstances whatever. But those who do employ them need enlightenment. Perhaps you could furnish what I have vainly looked for elsewhere.

San Francisco.

L. J.

It hardly need be said that few people yearn for the advent of a wet-nurse in the family. Nevertheless there is no manner of doubt that the experience of most of those who have tried both the wet-nurse and the artificial feeding coincides rather with yours than with that of Mrs. W. She had exceptional ill-luck, and moreover, as appears from her letter, she began with an intense aversion for a nurse, and, as a result, did not fail to have the difficulties in getting on that always attend aversions. A medical man of experience once said in our hearing: "A wet-nurse *is* a nuisance, but no one who has tried one will ever take any other way of bringing up a baby that she cannot suckle herself." And this is not far from the truth.

Before speaking of the qualifications of a wet-nurse, a word ought to be said as to the duty of the mother who is obliged to give up the suckling of her own child. It has been in effect said by another that any one who takes the responsibility of bearing a child is bound to furnish its food from her own breast, or to superintend *herself* the feeding of it if she cannot nurse it. Exceptions will occur, as when the mother's health absolutely disables her; but the rule will stand. It would seem as if this would need no insistence, but it is a matter of daily observation that there are

many mothers who will hardly trust the house-maid to dust the bric-a-brac, who insist on personally laying out the changes of bed-linen and dispensing the groceries, and yet who never think of inspecting, except perhaps at rare intervals, the method in which the baby's food is prepared.

Now, if a wet-nurse is procured a similar supervision should be exercised as over the dry-nurse. As wet-nurses are not selected from the highly intelligent classes, it is not to be expected that they will be very handy and tactful with a baby without experience; and an experienced wet-nurse is not usually desirable, inasmuch as young women have, as a rule, the best breasts, and experience and youth do not go together. The mother must do the watching, and remember that the nurse has been chosen for the one physical quality of a good breast of milk. If she is not handy with the baby she is usually very glad to learn if she is kindly taught.

A common complaint is that wet-nurses are tyrannical, demanding stimulants and various luxuries for the sake of the milk, and threatening to desert the baby if their demands are not granted. Occasionally a distinctly vicious woman goes out as a wet-nurse, but as a rule they are neither better nor worse than other women in their rank in life, and come with an honest intent to do their duty. If they prove to be tyrants it is because of want of sense on the part of their employers. In engaging a wet-nurse, she should be made to feel, if possible, that she has an interest in common with her employer; that the employer is desirous of doing what is best for her health and comfort, because by so doing the welfare of the child is best secured. Moreover, she should understand that it is for her interest faithfully to attend to her duties; that no trifling with her own digestion and health will be tolerated; and that, while she will be valued in proportion as the child thrives, she will not be

kept for a day if she neglects its interests. Let her understand that, while you desire breast-milk if it is good, you much prefer artificial feeding to poor breast-milk. If these things are clearly and kindly impressed upon her there is little probability of her playing false. The other method, too often seen, is to make a sort of pet of the wet-nurse for a while, to foolishly coddle her in all ways, until she is persuaded that she is indispensable; and then, unless she is a person of unusual judgment, she is spoiled, and the employer reaps the harvest of her own folly, and considers the nurse a most ungrateful, if not an inhuman, creature.

The choice of a wet-nurse should not be made without a careful medical examination; the risk is too great. The employer may ascertain points as to the character of the nurse, and may perhaps get information regarding her previous health and the health of her child or children. But after all the burden of the examination is medical, and cannot be properly assumed without professional knowledge. And for the physician it is an unenviable office. Not only must he find out the condition of the breast and the supply of milk and its probable continuance, but he must search with the greatest care for diseases or defects. And in this search he is never helped by the person examined; she usually has no knowledge of the meaning of symptoms, and many things which the examiner would consider fatal objections she lays no stress upon. If she has knowledge of defects, in her desire for employment she would not obtrude them. The details of the medical examination it would be useless to give here. The physician also endeavors to distinguish between the appearances due to ill-health and those due to poverty, want, and perhaps even hunger, or to distress at the prospect before the nurse of leaving her own child, for which she—and often with good reason—fears the worst.

Psoriasis.

Will you kindly give me some information regarding psoriasis in young children? My little girl, six years old, who is perfectly healthy in every other respect, has been disfigured with this disease for more than three years.

(1) Can the disease be entirely eradicated, and, if so, how long is it likely to take?

(2) Is there any particular period of life when it can be most favorably treated?

(3) What effect have eruptive fevers, such as chicken-pox and measles, on the disease?

Toronto, Canada.

G. R.

(1) As relapses of psoriasis are very common, and as the eruption varies at different times in the course of a year, disappearing and reappearing, it is not easy to say how often a permanent cure is effected. The particular attack may be cured, but the tendency to return may still be present. For this reason no specific answer can be given to the question as to duration of treatment. But this much can be safely said, that some cases remain cured for as long a time as the physician is able to follow them, and that the treatment may require only a few weeks, or may be very tedious.

(3) It should be treated as promptly as possible, and, as age does not seem to materially influence its appearance, it cannot be said to influence the time at which treatment will be particularly efficient.

(3) Probably no permanent effect. One eruption will complicate the other temporarily.

Intermittent Fever.

Can you tell me what is the matter with my little girl? She is two-and-a-half years old, and large and strong for her age.

On several occasions she has complained early in the afternoon of feeling very tired and has wanted to lie down; she has then become

very sleepy and flushed, and has nearly got into a kind of stupor, lying with her head and face almost buried in her pillow, and with her knees drawn up to her chest; this is accompanied with fever, and every now and then she has been sick at her stomach, and has then fallen off again into the same state, from which no noise will rouse her; towards night she gets cooler, and in the morning wakes up much better and quite bright, but still a little flushed and feverish. She has had these attacks three times; the second time it lasted a week, and every day was nearly a repetition of the previous one; the last attack lasted about two or three days.

I have had doctors' advice, but with apparently little result, and I should like to know what is really the matter, as I fear a recurrence of the attack. I feed the child on meat only every second day, and only give a little of it to her with potato; her other diet consists of bread and milk and bread and butter, with light puddings, and nothing else. The strange part of the attack is this repetition of the fever and sickness at the same hour each day, and the apparent entire relief from it in the morning.

Montreal.

A. S.

The stupor and other symptoms doubtless depend upon the rise of temperature. This may be due to a multitude of causes. But the distinct periodicity of the attack would make the diagnosis of intermittent fever a very probable one; although with children we are very shy of using the words "intermittent," "remittent," or "malarial," as they are made the cloak of a world of ignorance. Intermittent fever is the most distinct of malarial disorders. In a typical case in an adult the chill which announces a paroxysm occurs with considerable regularity—daily, on alternate days, or less often, according to the variety of the fever. A fever with a daily access is called a quotidian ague; one with an access on alternate days is a tertian ague, and so on. But in childhood the frank chill is less common, and the fever is less regular than in adults. And herein lies the danger of error, since in most diseases of childhood the temperature is more subject to fluctuations than in adults. An irregular or

paroxysmal fever may arise from a multitude of causes and may be—indeed, often is—classed as “malarial” or “remittent” simply from the temperature range, while the malarial poison has nothing whatever to do with it, and the real cause behind the fever may be overlooked and its treatment therefore neglected. Many physicians do not in a doubtful case make a diagnosis of malarial disease until they have after proper search failed to find any other reasonable cause.

Fortunately, the true malarial fevers are usually quite amenable to medical treatment.

Sleeping Breast Downward.

I am in trouble regarding the position my babe takes in her sleep. She is a very nervous, excitable child, and, until she was six weeks old, seemed never to take any long, refreshing sleeps. She would sometimes refuse to take a single nap during the day, and even then was very wakeful at night.

One day in desperation I turned her upon her face when I put her down for her nap, when, to my pleasure, she slept for four long hours, and she has refused ever since to sleep in any other position. She is now between six and seven months old, has always been well and strong, weighed at six months seventeen and a half pounds, and is naturally nourished.

Many experienced mothers come in, see her lying upon her stomach, indulge in a rapid retrospection, which reminds them that their children never slept in this position, shake their heads ominously, and assure me that harm will come of it. One says it will flatten her nose, that she will “all grow to stomach,” and her papa feels sure that her arms have a tendency to turn backwards in an awkward manner.

For many reasons I think the position a good one, for she is much more easily tucked in her little bed, and never throws off the covers with her nervous little hands. She bobs her head from one side to another like a pendulum, only less often, and thus prevents its growing one-sided. She uses no pillow and seems to be very straight.

Now, if there is any danger of her being injured in any way by this manner of sleeping, of course she must be broken of it, “though

the skies fall'' ; but if there is not I would like to leave her comfort unmolested. She is never rocked to sleep, indeed does not know what it means ; for once or twice, when I have tried to rock her to sleep when callers were in and I could not treat her in the usual way, she took it as a great joke, and seemed to think I was making a great effort to entertain her (though it took four weeks of bitter trial, yes, six, after the nurse left us, to teach her this element of virtue). You are to understand that she *always* sleeps upon her face, night and day, and if put down in any other way immediately opens her eyes and laughs at the folly of it.

I am exceedingly anxious to be instructed in this matter, since I have thus far failed to see any bad results, though often assured that they would appear.

Silver Cliff, Col.

E. D. C.

We have seen many infants and children, and some adults, who had this habit of sleeping on the stomach, and have never known any harm to come from it. Provided they do not bury their faces in the pillows in a way to prevent their having sufficient air, we do not know what harm is likely to result. It is easy to see why sleeping upon the side is easier to most of us than in any other position, but if a child is more comfortable lying on the breast and abdomen we should let it alone. The observation of habits of the domestic animals would reassure you. If you have a house-dog, notice how he will sleep upon his side or flat down upon his stomach with his head upon his forepaws. The cat will sleep in any position, side, stomach, or back, and all without any damage.

Perspiring Feet.

My little girl, aged four, perfectly healthy apparently, has each night her stockings and shoes damp with perspiration. I am sure it cannot be because her feet are too warm, for our home is in the country and the floors are not over-warm. Can you suggest the cause and cure? Though she never complains, it would seem as if her feet must be cold from the dampness.

Newtown, Conn.

M. B.

Perspiration of the feet is sometimes a personal peculiarity, the cause of which is not easy to discover, or is practically impossible to remove. But as a common cause is an imperfect circulation, it is always well to search for anything that may retard the flow of blood from the feet. See if the stockings and shoes are wide and easy ; if there is any undue tightness at the knee, etc. Watch if the palms also perspire when covered by mittens ; if so, it will show that the peculiarity is a general one, and not confined to the feet. It may be noted that people of the "rheumatic" habit are thought to perspire more than others.

"The Middle Child."

I have just seen the following in a newspaper :

"Mr. George Bancroft accounted for his own longevity the other day with three reasons: First, that he was the middle child in his father's family, equally distant from the youngest and the oldest; second, that he had always gone to bed at ten o'clock, unless it had been impossible; and, third, that he had always spent four hours in each day in the open air, unless prevented by a storm. He added that his riding, of which the newspapers had made so much, was primarily for the purpose of being out of doors, and not of being on horseback."

The early-to-bed feature, as well as the out-door exercise, need not be regarded as new ; but this is the first time I have ever heard of any special importance being attached to the "middle child," and would like very much to learn whether there is "anything in it." Coming from any less authority than Mr. Bancroft, I should have set it down as superstition and thought nothing further of it, though for that matter I cannot say that there is evidence that Mr. Bancroft really did say it, as the above quotation was itself quoted from another paper.

New York City.

A PAPA.

We have never heard of the notion before ; we believe there is "nothing in it" as it stands. But several facts may have given rise to the belief, if such belief exists. The earlier children of immature parents sometimes show corre-

sponding feebleness of constitution, although youth of the parents, if they are really mature, is usually considered an advantage to the offspring. On the other hand, the later children, if many be born to the parents, not infrequently show the effects of impaired health of the latter, particularly if the mother's condition is broken by constant childbearing and incessant nursery care. Still further, the earlier children, it is sad to say, often show the results of the parents' want of knowledge, and bear the marks of their experiments in child-rearing. Not infrequently two persons of little experience in anything, but of the "know-it-all" type, marry, and the result cannot be expected to be perfect. A lady once half-pathetically said to the writer, when speaking of her first child: "The others will never know the debt they owe to him for teaching me."

An "Ideal Diet" at Eighteen Months.

What do you consider, in the abstract, an ideal diet for a healthy child at eighteen months? My baby will be two years old in August.
Denver, Colo. AN INTERESTED MOTHER.

Supposing the child, eighteen months old in winter, to have cut its eye teeth and to have a pretty good digestion, the following will be about what he can have:

He will have five meals, at about 7 and 10 A. M., 2, 6 and 10 P. M., or, if he be a very good night sleeper, the afternoon meals may be at 1, 4 and 7 P. M., and nothing until morning. In the latter case the four o'clock meal will be a light one. The first, third and fifth meals correspond to adult meal times in the second schedule, with two "gouter" (or luncheon) meals interjected. In the first schedule the first, third and fourth are the meals, and the "gouters" come at 10 A. M. and 10 P. M.

The first (breakfast) will consist of milk, half pint, as the main article every day, and with it may be given, for variety, bread and butter or a soft-boiled egg yolk. The bread should be stale, and a generous slice may be given if the egg be not given; a thin slice if it is. Some children may take in place of the egg or bread some of the finer cereal preparations, but they must be most thoroughly cooked if given at all.

The first luncheon (10 A. M.) will consist of a small cup of milk with or without one or two "Educator" biscuits or a little bread and butter, according to the appetite of the particular child.

The meal at 1 or 2 P. M. is the dinner and the principal meal. It will consist of a small quantity of mutton, beef or chicken white meat (the former two rather underdone), scraped or very finely minced and slightly salted, with platter gravy, if the meats are roasted (the juice of the meat takes its place in the chop or steak). If really fresh fish are to be had, a piece of nicely broiled fish may sometimes be substituted for the meat. "Long-distance" or "cold-storage" fish are not, in our judgment, admissible. In place of the meat good broths may also be substituted, to give variety. With this main article (*i. e.*, the meat or its substitutes) is also to be given bread and butter. Some advise allowing the roasted potato, but in our experience it is better to delay it until after the full set of teeth has come; say, until about two years. We prefer well-boiled rice as a vegetable. With this meal a little dessert may be allowed; plain rice and milk pudding, not too sweet, and rennet custard (called "slip" and "junket" in various localities) are among the safest desserts.

The fourth meal, if given at six, will be practically a repetition of the first, *i. e.*, milk and bread and butter and possibly the egg, which we do not particularly like at night

for young children. The fifth meal will then be only a cup of milk at about 10 P. M. If, however, the second schedule be used, the fourth meal, about 4 P. M., will be milk, with possibly bread, and the fifth, just before going to bed (6 to 7 P. M.), will be of milk and bread.

Bicarbonate and Phosphate of Soda.

Will you kindly enlighten me on the following points? My baby-boy, fourteen months old, has always been small and delicate. He was weaned two months ago, and on account of his extremely weak digestion I was obliged to add an alkali to his milk, which I dilute with one-third strained oatmeal. On account of his habitual constipation I use carbonate of soda instead of lime-water. I received the suggestion from a good authority, but I am aware that both lime-water and soda were recommended "temporarily to counteract acidity." Now I am becoming anxious about continuing to add the soda, though I still fear to omit it.

(1) Please inform me whether its continued use may be injurious to my little one, and enlighten me as to what bad effects it would produce.

(2) Is phosphate of soda an alkali?

Brooklyn. N. Y.

MAB.

(1) The persistent use of any drug should be avoided, unless there is evident reason for its administration. As to the bicarbonate, we should say that it is, perhaps, as little harmful as any. But its use is chiefly as an antacid rather than a laxative. It is put into milk only to make sure that the latter is not sour and to prevent too sudden curdling. It is safer to have blue litmus-paper in the house, with which to test the acidity of the milk, and to add the soda or not as required. Blue litmus-paper is reddened by any liquid having an acid reaction. The druggist who sells you the paper will explain its use to you. The sudden curdling is perhaps better prevented by the addition to the milk of barley or oatmeal water, which act, as is supposed, by mechanical hindrance to the formation of large curds. Soda has a medi-

nal value also if the stomach secretion is believed to be *too* acid (it is acid naturally), which is evidenced by hard or large curds or uncommon acidity in the vomited matters, or similar curds in the passages. All alkalies if abused are supposed to have the effect popularly called "thinning the blood," but the soda salts are generally better tolerated than those of potash.

(2) Phosphate of soda has a slight alkaline reaction, but it is not counted as an alkali. It is a useful laxative or purgative, according to dose.

Precautions in a Case of Diphtheria.

Our little three-year-old Mabel is just recovering from a severe attack of croupal diphtheria. She is hoarse and coughs a good deal. Her stomach troubles her and she is very restless at night. She eats very little, mostly milk with bread or oatmeal gruel strained. I know nothing about the after-treatment of diphtheria. Perhaps you could enlighten me on the following points :

(1) How long is it before the danger of infection is over? We have kept our baby away from her, and it is now one week since she began to mend.

(2) How long does the throat remain inflamed usually, and the hoarse cough continue? She cannot speak plainly yet.

(3) What are the symptoms of a relapse?

(4) What is the best preventive against the infection of others, and also the recurrence of the disease with every cold, etc. Some recommend belladonna.

(5) In case of paralysis and the other after-troubles, what is best to do until medical aid can be procured?

(6) Is a change of climate always desirable when it can be had?

Hermosillo, Mexico.

M. A. C.

(1) No one can answer this question categorically. Assuming a genuine diphtheria, contagion is possible as long as any of the poison is about, and it may cling to clothing or articles of furniture for a long time. After the sick child is pronounced thoroughly well it should be carefully bathed, its hair cleaned and its clothing all changed, and taken to

another room—not yet to other children—while the sick-room and its contents are fully disinfected. The child should be kept away from other children for some days longer at least.

(2) Often a long time—the time is so variable that to state an average would be rather a guess than a rule.

(3) A real relapse consists in the reappearance of a membrane somewhere. If it is low down in the throat the symptoms may be those of croup. If higher up, or on the tonsils, or in the front part of the nostrils, the membrane can be seen, or if high in the nostrils it can be inferred from the kind of discharge.

(4) The disinfection and care described under (1) is the best safeguard. There is no tendency for it to come back “with every cold,” unless the poison of diphtheria is lurking around. Belladonna probably has absolutely no effect on the poison. It is useful for some sore throats.

(5) The domestic treatment of the paralysis is practically nothing, except nutrition—careful feeding little by little to avoid choking, if the throat is the seat of the paralysis. For the paralysis of the limbs we know of no domestic treatment to be recommended.

(6) A change of climate—to a healthful one—if the change can be accomplished without too great fatigue, usually is of value in promoting recovery from debilitating ailments. It is not called for in diphtheria more than in other diseases, but change might prove beneficial by removing the patient from the influence of the special poison which had been left undestroyed in the home.

Average Weight and Height at Two-and-a-Half Years.

Will you tell me the average weight and height for a girl two years and a half old?

Boston.

A. A. B.

There are, so far as we know, no extensive and careful statistics on this point. Babies of the first year have been studied carefully, and children of the school age—*i. e.*, five years and upward. We should estimate that thirty-two or thirty-three inches, and twenty-eight to thirty pounds would be fair averages. Perhaps we are setting it high, for the tall and heavy children are more likely to be measured and weighed than the small ones, and hence the figures within our own knowledge may be misleading.

For an Attack of False Croup.

I should like to ask what to do for my baby when she wakes up at night with a cough like the bark of the croup? What do you consider to be the best and quickest remedy until the doctor can be summoned in the morning?

Foxboro, Mass.

R. W. S.

Where only the bark is present, often and indeed usually nothing is necessary to dislodge the mucus from the throat beyond the waking and the child's natural cry. If this is not sufficient the drinking of a glass of milk (or even water), as hot as can be swallowed comfortably, or the placing of a sponge wrung out of hot water—as hot as can be borne by the child—upon the throat, will usually relieve it. It is, however, well to have in the house an emetic, and that which combines tolerable rapidity with the requisite safety is the syrup or wine of ipecac. If there is difficulty of breathing, from half a teaspoonful to a teaspoonful may be given, and repeated in twenty minutes if relief is not gained. If vomiting is not required, doses of from two to five drops may be given hourly or less frequently, according to the severity of the cough.

You should bear in mind that if nausea is produced, either with or without vomiting, it is likely to be manifested

by paleness, clammy skin, and some prostration, just as in adults. If this was not remembered undue anxiety might be felt previous to the vomiting.

Alcoholic Stimulants in Fevers.

My little girl of five years has the scarlet fever, and our physician prescribed for nourishment milk punches every two hours. I would like your opinion on the subject of giving spirituous liquors to children in cases of fever. I am under the impression that whiskey or like stimulants only add fuel to the fever.

Brooklyn, N. Y.

A TROUBLED PARENT.

Alcoholic stimulants, properly used, do not "add fuel to the fever." The condition demanding their use is not one that can be discussed without a good deal of knowledge of physiology and pathology. Every judicious physician considers alcohol as a drug to be given or withheld in any case precisely as any other drug, according to the circumstances that exist and the ends to be accomplished. The unfortunate abuse of alcohol leads the laity as well as some physicians to treat it as if it were a thing by itself. The abuse of opium and other narcotics, of quinine, or of purgatives is no reason against their proper medicinal use. So with alcohol. If you can trust your physician with other drugs you may with this.

Evils of Early Mixed Feeding; Effect of the Mother's Diet upon the Child's Teething.

(1) Should a child from three to five months old be fed any at the table when there is a sufficiency of mother's milk? If so, what

should it be given? My babe, now five months old, seems to delight in eating, and, as I think I have enough milk for her, I hesitate in giving her solid foods, though I am advised to feed her by ladies who feed and also nurse their babies with no apparently bad results. My baby is troubled with constipation and I am told that feeding her will overcome it.

(2) Is it right and proper to "chew" food for babies?

(3) Cannot a mother that suckles her babe hasten or retard its teething by selecting her diet; *i. e.*, if early development of teeth is wanted, partake of bone-making foods, and *vice versa*?

Hubbard City, Texas.

B.

(1) A child should have nothing whatever from the adult table before a year and a half at the earliest, preferably not until two years. Solid food should not be allowed until after a year, and then it should be bread, gruels, porridge, and possibly an egg; but these should be prepared for it and given it by itself, not at the adult's table. To let a child come to the table is only to teach it to beg for things it should not have. Let it be fed before your meals, so that it shall not be tantalized at seeing you eat when it is hungry. Treat any person who gives your baby "tastes" of things as your "dearest foe." To give solid food to a child on the breast is too incongruous to be seriously considered. Constipation is undesirable, but a small matter compared with what usually results from such mixed feeding.

(2) If you mean the chewing of food by an adult and then putting it into the baby's mouth, it certainly is not right. It is simply disgusting.

(3) Good health and good milk supply in the mother help to develop the child well and rapidly, teeth included. But so far as we know or believe, there is no diet of the mother which will help the teeth of the child in particular. The only way of retarding the teeth that we know of is to give the baby poor nourishment, and this retards its development in every other way.

Imperfect Sterilization; Large Meals; Sulphur for Disinfection.

(1) Would you advise the use of milk-sugar after the age of one year?

(2) If not, how much granulated sugar ought to be put in half a pint of milk, or of milk-cream-and-water?

(3) If part of the milk-sugar settles in the process of sterilization and bakes into a solid little cake, is it because there is too much sugar put in?

(4) My sterilizing is done at about 9 A. M., Baby's breakfast being prepared the morning before. We do not have ice, and several times during the summer my baby's breakfast soured over night, *why* I could not discover, as my "Arnold Sterilizer," with its graduated bottles, was over a hot fire just an hour, steaming actively. Do you think it could be due entirely to carelessness in the plugging with cotton which I could not always attend to myself? When I occasionally tried a larger, wide-mouthed bottle, the milk soured before night.

(5) I would like to ask if the majority of mothers succeed in restricting their babies to 8 or 10 ounces at a meal? My ten-months-old baby, weighing 21 pounds, has had only four meals in twenty-four hours since about four months of age, and for two months past has taken from 16 to 20 ounces at every meal, screaming uncontrollably when I try to stop her at any amount under 15 ounces. She never appears to suffer from over-eating in any way. I have had a similar experience with three other children, their weight at one year having been 24, 25 and 21 pounds.

(6) We have had one mild case of scarlet fever in our family, and our doctor has depended for disinfectants entirely upon fresh air, sunshine, and an open fire. The patient has been isolated in a bare-floored room for four weeks and will be longer, the other children being in perfect health to-day. As to fumigation by sulphur, the doctor says that the "Sulphur Congress" has just decided that the fumes of sulphur have no effect on disease-germs. If this is so, why is not this fact proclaimed? Is it because, as our doctor says, "It is better for some people to keep their faith in sulphur, as they cannot be induced to open the windows unless there is a very strong odor to dispose of"?

Gildersleeve, Conn.

C. A. F.

(1) It is unnecessary.

(2) If undiluted milk is used, no additional sugar is needed; and as at the age of one year milk can be taken nearly pure by an average well child, we think that the cream mixture is no longer necessary, and that for the milk and water very little sugar, if any, is called for. Its use is rather as a bribe than as a necessary ingredient.

(3) Milk-sugar is not as readily dissolved as ordinary cane sugar. But if dissolved before the sterilizing begins, it ought not to settle, as might happen if the hard grains had only been mixed with the milk. It may be, too, that the sugar of milk was not pure.

(4) Assuming that everything was sweet and as it should have been when the sterilizing began, we can think of no other cause of spoiling except inefficient sealing. The cotton plugs may have been too loosely packed and not really stoppers; or they may have become wet, when their efficiency ceases.

(5) We cannot tell the experience of the majority of mothers, but, judging from the experience of many and from observation, we think 12 ounces a very large meal for a child of the age and weight of yours. At that age 40 ounces is the average day's ration, generally divided into five portions. Your child is taking from 64 to 80 ounces. It is possible that a child may digest this amount. Usually 64 ounces is a tax upon the digestion of a yearling infant, and the almost uniform result of such doses is a distended stomach and protuberant abdomen, even if there are no distinct evidences of indigestion.

(6) We are well aware that sulphur fumigations if poorly carried out, and perhaps as usually done, are useless. But while the debate as to the value of sulphur fumes has gone on, we have not been convinced that, if properly used, they were useless. They must be used with moisture, hence we

usually make steam at the same time with the vapor; and they must be made to penetrate every portion of the apartment to be disinfected. It is easy to admit that more powerful disinfectants exist, but their use is generally not practicable. It may be also admitted that one living in a country village can do more with air and sunshine than a city dweller, because the former gets more of these natural purifiers, and because he endangers fewer persons by this method of disinfection than would the latter. In this particular disease, moreover, the fact that many escape contagion under all circumstances is helpful to the success of whatever plan of disinfection be adopted.

Patches on the Tongue.

For a year past I have noticed in regard to my little boy, who is now two years of age, that the tongue is very often covered here and there with small white patches. Sometimes they are red in the center with a white rim. The child has always been very pale, but with that exception has seemed very well and full of life, scarcely ever having suffered from even a cold. He weighs 30 pounds, and his flesh is firm and solid. He enjoys a good appetite, and I have always tried to be careful concerning his diet. He takes cereals for breakfast at 8 A. M., and nearly always calls for a second saucerful, seldom taking anything else, except a cup of milk and an oaten flake cracker. Occasionally he will eat the yolk of a soft-boiled egg with bread for a change, and he is fond of apple sauce, but generally takes what I first mentioned.

Until within a couple of months he took a lunch of oatmeal crackers and milk at eleven and his dinner at two. He has now dispensed with the lunch and takes his dinner at one, eating a plate of chicken, beef or mutton broth with rice, bread and butter and a cup of milk. He varies this with cream toast, or bread and butter and a little beef, mutton or chicken cut up fine, but eats very few vegetables, almost none. He likes plain rice pudding, junket or custards, which I occasionally give him for dessert. He takes his supper at 5.45, of a couple of slices of bread crumbed in warm milk, after which he is off to bed, and is a good sleeper. He never asks for anything between

meals, though I have given him an apple at times, which he has seemed to enjoy. I peeled it and cut it in small pieces. It did not seem to hurt him, though I thought it best to ask your advice before continuing it.

Can you enlighten me in regard to the patches on the tongue—the cause, and what to do to overcome the trouble?

Wyncote, Pa.

A. L. G.

In all probability the patches are those of common sprue, although the child is rather old to have this disorder. The real cause is a microscopic plant akin to the yeast plant. It may be acquired from the air at any time, but some conditions not those of perfect health, seem necessary to its growth, the chief of which is acidity of the secretions of the mouth from any cause. Sweet food, starchy food, the remains of milk, etc., may ferment in the mouth and give the requisite condition for the development. Prevention is best secured by being careful about sweets and cleansing the mouth after eating, using an alkali to secure alkalinity of the mouth. Lime water will do, but a favorite one is borax, which unites with slight alkalinity the disinfecting power of the boric acid. A solution of borax with a little extra boric acid added is very good—say, dissolve a heaped teaspoonful of powdered borax in a teacupful of water, then add half a teaspoonful of boric acid and stir until the whole, or as much as possible, is dissolved. First clean off the spots as well as you can with a soft rag over the tip of your finger. Then wash the tongue well with a rag dipped in the solution. It is better if you add to it a dessertspoonful of glycerine. If the mouth is kept alkaline, as it naturally is, the plant will hardly grow. Of course, the kinds of food likely to favor the growth should be restricted during the presence of the growth, that is to say, starchy or sweet foods.

There seems to be nothing out of the way in the diet, if the digestion is adequate, and you do not speak of anything

to the contrary. There are few fruits which are distinctly useful except when fresh, although many are admissible. So of vegetables; there are very few, we think, which are really advantageous at two years of age. Yet some children can bear them without evident indigestion. The parent usually thinks of a dietary as containing all the things that can be given without positive and immediately recognizable harm; the medical adviser, on the other hand, thinks of a dietary as made up of articles really desirable as food and some innocent indulgences to tempt the palate. Between these plans a good deal of room for judgment is left, and the best of this judgment lies in the application of general rules to the particular case. Our own inclination is always to give rather less than the digestion could carry, that is, to leave a little reserve digestive power.

Various Points of Nursery Regimen.

(1) What fruits are allowable for a child from the age of two to that of three years?

(2) If necessary to wean a child at the age of three or four months, would you advise using the bottle, or trying at once to feed from a spoon?

(3) At what age can a baby be taught to sleep all night, and how is this best accomplished? Is it advisable to let a baby cry long in the night to attain this end? My baby is four months old, goes to bed at 6 P. M. after nursing, and wakes at 10.30, 3 and 6 A. M. to nurse again. I would like to train her in the best way. She nurses at 9 and 12 A. M. and at 3 P. M. in the day, in addition to the other times mentioned.

(4) Can a baby be taught to take her bath and then go to her crib for a nap without nursing immediately after her bath? My baby cries very hard if I am ever detained so that her nursing does not come just after the bath, and I should prefer to do the other way, if it can be accomplished without injury to the child.

(5) When should a mother start with regular hours for nursing, bath, ride, etc., and let nothing interfere? I find it well-nigh impos-

sible with my baby, as some days she will sleep one hour after her bath, some two, some three, and once in a while as long as four hours. I am told it is not well ever to waken a baby, or in any way disturb its nap, as Nature shows that sleep is the medicine it needs. I shall be very glad to be enlightened on this subject. Is it true that it ruins a child's disposition to awaken it from sleep?

(6) Should not a child's napkin be changed every time it is wet? My nurse told me not to do so, but it seems to me unreasonable.

Philadelphia.

R. T. A.

(1) Opinions differ as to details, some physicians being more liberal in giving fruits than others. But the following general suggestions will help you. It must be borne in mind that different children are very different in their ability to properly digest food; also that fruit which may be quite proper for most children may be not so for a child having a tendency to rheumatism, to certain skin diseases, and so on. And further, that the freshness and good condition of fruits is of the greatest importance if they are to be used for children. So much being premised, we may say that most children over two years of age may have the juice and pulp of a carefully selected and really ripe orange. It is not the same thing to cover the tartness of an unripe orange with sugar; it only aggravates its faults from a digestive point of view. The seeds are, of course, to be very carefully removed, as well as all traces of the white fibrous structure. The best method of preparing an orange is to cut it cross-wise (not from end to end) in the middle and carefully lift out the pulp with a spoon. The orange is the only winter fruit which we can recommend; the banana is decidedly objectionable for young children. Few children of the age of two or three years should have uncooked apple. But if there is a tendency to constipation, stewed and sweetened apple sauce, well freed from any traces of core and fibrous matter, stewed prunes (the pulp only), or the soft inside of figs may be given in moderate quantity. In our judgment

they are desirable at that age only as laxatives, and should be given as such rather than as food.

For summer fruits there is a larger choice—a large choice indeed, if one can have very fresh fruit. At the head, we think, should be placed the thoroughly ripe and fresh peach. It is generally entirely unobjectionable and often desirable. Of melons, both the watermelon and the juicy varieties of muskmelon, we think we could say nearly the same were it not that away from the melon patch a really good melon is a rarity. But when ripe, sweet, and not in the least wilted, they are, we think, excellent. The pear is not so good, being accounted rather indigestible. The small stone fruits, cherries, plums, etc., must be used circumspectly and carefully prepared; and the same is true of the apricot, which generally has made too long a journey to be fit, uncooked, for children on this coast. Of berries, we would not give at this early age any but the best strawberries and should bear in mind, in giving them, the frequent personal peculiarities which are noticed regarding this fruit.

(2) Generally, at that age, we should use a bottle, but after seven or eight months we should not. Perhaps at six months, if a child had already learned to drink well from a spoon, we might prefer it.

(3) At almost any time; but we do not recommend it until after six months, and even then it is often better to nurse children at the mother's bedtime until they are considerably older. There is a wide difference in children, but while they are on the breast there is difficulty in telling whether their clamor is due to habit or really to the small amount of milk that is gotten from the breast. Accurate weighing of a child before and after nursing will show the weight gained, which is, of course, the weight of the milk. But assuming a full supply of milk, the teaching the child to sleep at night is no harder before than after weaning.

(4) A child can, of course, be taught not to expect its meal immediately after its bath. There is no natural relation between the two but habit. It is merely a question which is the more trouble to you, to teach her or to go on as you are going.

(5) There is no sense in having a rule so fixed as to override everything, but regularity should have begun the day the baby was born. If a baby oversleeps from fatigue or illness, it should not be waked up just for a rule, but only a reasonable variation should be allowed. A baby that has slept a proper time can be gently and gradually wakened without startling it. To awaken a child suddenly is, of course, stupid and harmful, as any other fright would be; but any quiet person can usually awake a child gently by increasing the light, by moving around the room, by quiet talking, etc., so that the nap comes naturally to an end after a few minutes. Exceptions occur, of course, but the rule stands.

(6) Of course, every time it is wet; the napkin must not be left to dry on the child. But it is not usually necessary that it be done the moment it is wet. The child need not be disturbed in its sleep, for instance, if it be well covered, except in cases of such skin diseases as will not allow of a damp cloth being left for any time.

Early Use of the Nursery Chair.

Will you please tell me what you consider the best method of breaking babies of the habit of soiling their napkins, and at what age we should begin to teach them?

Tsing Kiang, China.

S. G.

The only way that we know of is this: They are most likely to pass water a short time after a meal and again after an interval. If very soon after a meal a vessel is placed at

the child's seat while it lies on the attendant's lap, it soon learns to wet at that time. Of course, it may often wet in the interval, and you may have many failures, but ultimately the child learns. If the vessel is also presented a little before the time that the child usually empties its bowels, and the evacuation is solicited by applying a little vaseline to the anus (if the simple presence of the vessel be not enough), the desired cleanliness can usually be soon attained.

The teaching may begin early. Children of three months are quite teachable, it being understood that success comes gradually.

Loss of Appetite; Imperfect Nutrition.

My baby-girl is nearly eleven months old ; she weighs twenty-two pounds and was doing nicely until lately, when she seems to have lost all her appetite, taking hardly a bottleful through the day. I feed her on milk and Mellin's Food. What had I best do ? She has but two teeth, her hands have always been cold and clammy, yet she is said by all to be a healthy-looking child.

Worcester, Mass.

D. S. P.

The little girl has one evidence of good health—namely, fair weight. On the other hand, if a child of eleven months has but two teeth there is reason to think that in some way its nutrition is defective. In this case, moreover, the hands have been cold and clammy, which may be taken as an evidence of an imperfect circulation. At the moment of our correspondent's writing the appetite had failed. There are many points which are not stated, but we may give "D. S. P." a few hints regarding things to be looked after in her baby's case. The slow coming of teeth—in this instance not so very slow—is usually suggestive of that form of malnutrition called rickets.

The loss of appetite in a small child will ordinarily be

better overcome by the removal of the cause than by the administration of tonics. The mother should, therefore, look to the condition of the digestive apparatus as well as she is able. She should notice if Baby's tongue is clean or furred; whether the movements are natural as to color, consistency, and smell, or whether they are too dark or too light-colored and chalky, constipated, or too liquid, offensive in smell, or too sour. Even if she is unable to correct the abnormal condition, it will enable her to give to the physician, when called, so clear an account of the state of affairs that he can prescribe with much greater certainty and effect. The mother may, however, do something by herself. If there be constipation with the furred tongue, the familiar remedy of the spiced syrup of rhubarb with the bicarbonate of soda in proper dose will be pretty certain to relieve, at least for the time. If the movements are white and chalky, no remedy that can be prudently used without medical advice will be found more beneficial than the phosphate of soda; a small pinch of the powdered phosphate may be dissolved in a bottle of milk, once, twice, or thrice a day; it is not objected to, as it resembles common salt in taste. If the stools are sour, the use of an alkali—lime-water if they are loose, bicarbonate of soda if they are constipated—may be of assistance. Better than all dosing, however, for correcting a disordered digestion usually is the change of food—bottle-fed children are here alone considered—and our preference is to give good sweet milk, diluted with water, or barley-water, in place of any prepared or starchy food. By means of this change and the use of the simple remedies mentioned, much can be done to improve the condition of a baby's digestion; still, it seems to us the part of wisdom not to carry domestic practice very far if good medical advice can be obtained, but rather to procure explicit directions suited to the particular case, and exactly to follow them.

A word about the cold hands. By themselves they are not important; they are only to be considered as indicating something beyond. The commonest causes in little children are poor nutrition, feeble circulation, or undue perspiration. The cure must lie in the improvement of the nutrition and tone, but some help may come from the addition of salt to the daily bath and the sponging of the parts, rather than their immersion in water.

Colic and Patent Medicines.

(1) Will you kindly tell me why a two-months nursing baby in very good health should have colic? Which is best to use for it, asafoetida or medicines containing paregoric?

(2) Is it ever right to use soothing syrups even when a doctor prescribes them? What is soothing syrup?

(3) When Baby's bowels are not naturally moved and she is constipated, will it do to give an injection every other day, or should it be done oftener? Might not harm come from a more frequent use of the injection, and would it be better to use medicine?

Chambersburg, Pa.

W. C. M.

(1) We cannot tell why your particular baby has it, unless it be from constipation and the collection of flatus in its bowels. Of course, the existence of colic is fair evidence of indigestion. But why young babies at the breast have colic (and the probable indigestion) is often not easy to say. In many cases, doubtless, an analysis of the breast milk, or a critical inquiry into the details of the baby's hygiene, would give a reason. But as cases are crudely presented to the practitioner many children are simply reported as "colicky babies." Even in these the tendency to colic usually diminishes or disappears after they are three months of age, which is itself another evidence that the trouble was due to an indigestion, disappearing with increased digestive power.

Of course, when the child is artificially fed, colic is easily explained. Asafoetida is better for domestic use. It is safer than paregoric, although the latter has but a small proportion of opium, having been devised especially for use when small doses of opium are called for. It has the further advantage of being slightly laxative, while paregoric is distinctly constipating, the opium and camphor being both active in producing this result.

(2) We cannot deny the right of a physician to use any remedy for which he will make himself responsible; therefore we cannot say that you should not use a remedy which he orders. But he should give you (in writing, to prevent misunderstanding) explicit directions as to the size of the dose and the intervals between its repetition. The composition of these remedies is supposed to be secret. For ourselves we cannot use a mixture of which we do not know the composition until we have failed with the drugs which we know about.

(3) We prefer the daily use. We think the constipation more likely to do harm than the enema. A glycerine suppository might be better still.

Nursing Bottles.

Can you advise me which is the best nursing bottle for an infant to use? I have tried a lot of them—some with rubber tubes and others with the nipple right on the neck of the bottle—but still Baby sucks in so much air with them, and I find them all exceedingly difficult to keep reasonably clean. Is there no bottle which would overcome these difficulties?

Crafton, Pa.

A. S. G.

Never use one with a tube; use plain, well-fitting nipples, with very small holes. If possible, get them without holes and puncture them with a fine needle. Such a nipple

stretched over the neck of the bottle will not allow any air to be sucked from the bottle, if the latter is so held that the bottom is uppermost and the neck always full of milk. No air can then come in contact with the nipples. Some persons carelessly hold a bottle so that one side of the neck only is filled with milk, the other with air. If that be done, no bottle is free from the objection you raise. Of course, the infant should never be left alone with its bottle. It should be held all the time. The difficulty in cleaning bottles is a real one, but care will overcome it. The nipples should be put to soak in an alkaline solution, and the bottles filled with the same. Soda, saleratus, and the like are good. The substance sold under the name of Pearline has been found to be particularly useful for this purpose. It is, of course, to be dissolved in water.

It may be added that the swallowing of air is sometimes not due to faulty bottles, as some children do not properly close their mouths in sucking and will swallow air even if on the breast.

The Kindergarten at Home.

Are there any books that will tell me how to give my children a little kindergarten training? There is no kindergarten in our country neighborhood, and there are not enough little children to encourage a teacher to open one. I can't leave my two-months-old baby long enough to go to New York and spend a morning in one of the training-schools there, but I feel every day more and more the need of teaching my four-year-old boy and two-year-old girl the use of hands and eyes. I have no nurse, and only one raw girl for general house-work, so that my time for teaching is both short and broken. However, perhaps I can find an hour a day in fragments. I have read somewhere that no one can understand Froebel's ideas without a long apprenticeship; but half a loaf, or even a very small slice of a loaf, is better than no bread at all for the two children. If you will tell me what I need, and where to send for it, you will oblige

A. H. R.

The Kindergarten Association of New York some time ago sent a circular to kindergartners all over the country, asking what was the best song and game book in use, and what songs and games were best liked. "Merry Songs and Games," by Mrs. Clara Beeson Hubbard, of St. Louis, was the book generally preferred, although several others were mentioned. Of course with only two children you cannot play all the games ; but there are enough in which two children can join to make the book worth buying. If you send for Edward Wiebe's "Paradise of Childhood" you will find directions for all kinds of kindergarten work. It is not a new book, but it has full directions for kindergarten occupations and plates which will help you in teaching them. Everything is explained minutely in this book, and if you read it carefully you will have a clear idea of Froebel's theory and practice. The first and second gifts—a series of colored worsted balls, and a sphere, a cube, and a cylinder of wood—need no plates. The third, however—a box of cubic blocks—is fully explained by illustrations, which teach how to build representations of many objects. The children first see the small blocks placed together in the form of a cube, and are then taught to put them in various positions, each one leading to the next by a slight change. The lesson of destroying nothing, but producing one form from another, is taught by the blocks. The same principle is carried out in the fourth, fifth and sixth gifts, of oblong blocks of different sizes, which serve also to illustrate division into equal parts. The seventh gift introduces the child to a new form, the triangle, in a box of four-cornered and three-cornered tablets; and the text suggests many forms, such as bridges, houses, etc., which the child may build. The eighth gift is a bundle of flat sticks, with which figures may be laid; the ninth, a box of rings, introducing the curved line, which the child has heretofore been obliged to represent by several angles.

The tenth is a slate, ruled with a network of lines to help him in drawing. The eleventh and twelfth gifts are perforated paper, a needle for pricking figures, and another one with silk or worsted. The thirteenth gift is paper for cutting and a pair of blunt scissors. The fourteenth is paper for weaving; the fifteenth and sixteenth are wooden slats for interlacing; the seventeenth is paper for intertwining; the eighteenth, paper for folding and teaching geometric forms; the nineteenth, peas or wires; and the twentieth, clay for modelling. Mr. Kraus and Mrs. Kraus-Boelte publish a "*Kindergarten Guide*," which many persons prefer to Wiebe's. It is of more recent date than the "*Paradise of Childhood*."

It is easier to order the materials than to try to have paper cut or blocks made by a person who does not understand the principles of the kindergarten. For example, the papers for folding should be exactly square and the edges perfectly true. You ought to have a little table for the children, divided by black lines into exact inch squares. You need not buy all the gifts at once. Begin with the balls and blocks, and use them for a few months. Then try the other gifts, one at a time, in order. The "*Kindergarten Guide*," by Miss Peabody and Mrs. Horace Mann, was the first book on the subject published in this country; and although it was written after a slight and imperfect acquaintance with Froebel's ideas, it is of great use to a mother or a teacher.

INDEX.

- Abdominal fat, 227.
Alcoholic stimulants in fevers, 254.
Ambidexterity, 235.
Appetite, lack of, 6.
Apples, 59, 69, 261.
Bananas, 69.
Band, infant's, 201, 203.
Barley, composition of, 45.
Barley gruel, 501.
Barley water, 49.
Bath—temperature, 187, 188; reaction produced by a bath, 187, 189, 190; dread of the bath-tub, 189; soap, 192.
Beets, 70.
Bicarbonate of soda, 103.
Birthmarks, 151, 153.
Black-heads, 123.
Bone-producing food, 57.
Bottle habit, breaking of the, 12.
Bow-legs, 145.
Bread, new, 51.
Bread crusts, 17.
Broth, 53, 55.
Butter, 55, 57.
Cabbage, 70.
Cake, 20.
Carrots and parsnips, 70.
Celery, 70.
Cereals, 44, 45.
Chair, sitting up in the, 181.
Chicken-bone, 54.
Cocoa, 59.
Colds—taking cold easily, 111; cold in the head, 113; starving a cold, 114; nasal catarrh of three months' standing, 115; cold feet, 127.
Colic, 129-131, 266.
Condensed milk, 24, 25.
Constipation, 100-104.
Cookies, 51.
Corns, 176.
Cream foods, 110.
Cross-eyes, 162.
Croup, false, 253.
Crying—significance of Baby's cry, 193; inordinate crying, 194; crying and sedatives, 195.
Deaf-mutism, 148.
Diapers, 180, 204.
Diet—weight and food at fourteen months, 42; change from a purely milk diet, 42; changing from Lacto-Preparata to cow's milk, 43; cereals, 44, 46; balls from Graham flour, 45; Graham flour and bread, 46; oatmeal, 46-48; diet of a delicate two-year-old child, 48; barley-water, 49; bar-

- ley and oatmeal gruel, 50; water for the baby, 50, 51; harmfulness of new bread and cookies, 51; a varied bill of fare, 52; broth, 53; meat-sucking, 53; a chicken-bone, 54; mutton-broth in addition to the bottle, 55; butter and eggs, 55; potatoes, 57; tomatoes at three years, 58; fruit for a child of two years, 58; cocoa, 59; honey and molasses, 60; popcorn, 60; fruit and milk, 61; a bill of fare for a two-year-old, 62; strawberries at four years, 63; ripe water-melon, 64; figs at thirty months, 64; oranges for infants, 65; ice cream, 66; a salt embezzler of three summers, 67; summer problems, 68; bananas, apples and oranges, 69; the abuse of sugar, 70; vegetables, 70; an ideal diet at eighteen months, 248; evils of mixed feeding, 255.
- Disobedient children, punishment of, 238.
- Drooling, 86.
- Drowsiness following a bump on the head, 237.
- Drying up the mother's milk, 225.
- Ears—ear-ache, 166; internal ear disease, 167; partial deafness, 168; prominent ears, 169; large ears, 170; tampering with the shape of the ears, 171.
- Eating between meals, 16.
- Eczema, 120.
- Eggs, 55-57.
- Eruptions—characteristics of mild and of serious eruptions, 119.
- Eyes—test for cross-eyes, 162; anxiety about brilliant eyes, 163; pupils of different sizes, 163; styas, 164; clipping the eyelashes, 165.
- Feeding—Dr. Page's method, 10; number of meals for an infant 10; at night after weaning, 15; feeding a premature child, 20.
- Feet—confining the feet, 176; incipient corns, 176; distorted feet, 177; ingrowing nails, 178.
- Fever, intermittent, 244.
- Figs, 64.
- Filters, 94.
- Fir pillow, 78.
- Flesh-forming food, 53.
- Floor, an unsafe place for Baby, 182.
- Freckles, 149.
- Fruit, 261.
- Fruit and milk, 61.
- Garters, 211.
- Gas stove in the nursery, 92.
- Gertrude Suit, 203.
- Gritting the teeth, 135.
- Growth, slow, 7.
- Hair—thin hair, 172; washing the scalp, 173; use of soap on the head, 173; tampering with the color of the hair, 174; concerning bangs, 174; question of the unhealthfulness of long hair, 175.
- Hair falling out after confinement, 228.
- Hard-reared baby, 229.
- Heat-rash, 121.

- Hiccough, 132-134.
Hives, 124.
Honey, 60.
Hunger at night, 9.
Hygiene and sanitation, 91-99.
Ice cream, 66.
Indigestion, 105-110.
Kerosene in connection with diphtheria, 95.
Kindergarten at home, 268.
Lime-water, 25.
Magnesia, 103.
Maize, composition of, 45.
Malnutrition, 11, 264.
Meat sucking, 53.
Medical terms, popular misconception of, 233.
Melons, 64, 262.
Middle child, 247.
Milk—diluted with barley water, 17; pure versus diluted, 23; condensed, 24, 25; peptonized, 25; one cow's milk versus herd's milk, 27; top milk, 27; scum, 28; sour milk, 28; sterilizing, 29-31; dislike for milk, 39.
Milk, flow of, the first days after delivery, 231.
Molasses, 60.
Movements of bowels, number of, a day, 234.
Mutton broth, 55.
Nails, ingrowing, 179.
Night-caps, 206.
Night coverings, 205, 206, 207.
Night-terror, 143.
Nose—bleeding, 134; itching, 135.
Nursery chair, early use of, 263.
Nursing, prolonged, 40.
Nursing and bottle feeding, 22.
Nursing bottles, 267.
Nursing mother, diet of, 224.
Nursing sore mouth, 226.
Nuts, 68.
Oatmeal, 46-48.
Oatmeal-water, 23.
Oats, composition of, 45.
Oranges, 59, 65, 69, 261.
Paper money from a sick-room, 96.
Peaches, 262.
Peptonized milk, 25.
Perspiration, excessive, 236.
Perspiring feet, 246.
Pillows, 83.
Plants in the bed-room, 93.
Pop-corn, 60.
Potatoes, 57.
Powder, 99.
Premature child—allowance to be made in feeding, 21.
Railroad-trip, diet during a, 216.
Red gum, 122.
Rice, composition of, 45.
Rickets, late teething one of the signs of, 84.
Ringworm, 153.
Rocking the baby, 180.
Roof as a play ground, 184.
Round shoulders, 144.
Rubber diapers, 202.
Rye, composition of, 45.
Sage-tea, 68.
Salt, 67.
Scum on milk, 28.

- Sea-voyage, preparations for a, 214.
- Second attacks of disease, 97.
- Second summer, 98.
- Shirts, 202.
- Sleep—hours of the baby's naps, 72; position for sleep, 73; crying to go to sleep, 73; short intervals of sleep, 74; wakefulness, 75; causes of restlessness at night, 77; the hammock as a sleep-inducer, 78; putting a baby to sleep with the rubber nipple, 79; with sugar-rags, 79; experimenting with anodynes, 80; sleeping with arms up, 80; jumping in sleep, 82;
- Solid food, change to, 13.
- Sore mouth, 128.
- Sterilizing milk, 29, 30, 31, 256.
- Stockings, 209.
- Stocking supporters, 210.
- Strawberries, 63.
- Stumbling, a confirmed habit of, 146.
- Styes, 164.
- Sucking wind, 21.
- Suckling power, promotion of, 218.
- Sugar, abuse of, 70.
- Summer dress, 206.
- Summer problems, 68.
- Suppositories, 100-102, 104.
- Teeth—care of, 155; effect of feeding upon, 156; use of the tooth-brush, 156; decaying teeth, 156; discoloration of, 157; loss of a first front tooth, 160; removing redundant teeth, 161.
- Teething—teething pains, 73, 87; late teething, 84; arrested eruption of teeth, 85; drooling, 86; effect of the mother's diet upon the child's teething, 255.
- Temperature of the nursery and the bedroom, 92.
- Thumb-sucking, 232.
- Toe, depressed, 211.
- Tomatoes, 58, 70.
- Tongue, patches on the, 258.
- Tonsils, swollen, 137.
- Top milk, 27.
- Umbilical growth, 144.
- Vegetables, 70.
- Vomiting, 14, 17-20.
- Walking—turning-in of the toes, 197; weak limbs, 199; a baby who neither walks nor creeps at twenty-one months, 199.
- Warts, 151.
- Water for babies, 51.
- Water on the stove, 93.
- Weaning—age for weaning, 32; first food, 32, 34; dropping the night meal, 34; preparing for weaning-time, 34; systematic weaning, 36; partial weaning at ten months, 38; dislike for milk, 39; refusing to take food, 41.
- Weight—after weaning, 8; at fourteen months, 42; normal gain per week, 237;
- Wet-nurse, selection of a, 239.
- Whapper-jaw, 148.
- Whooping-cough — contagion of, 117; severity of, in relation to age, 118.
- Winter dress, 207, 208.
- Worms, 140-142.

Date Issued

TRANSFERRED TO
YALE MEDICAL LIBRARY

~~DEC 15 1955~~

RJ 61
893Y

