

testine should be stimulated by the pressure on it of the stomach which has been filled by the morning meal. When this consists of a cupful of hastily swallowed tea and a piece of bread and butter, this stimulus is absent and constipation results. It is best that the bowels should act regularly without aperients, but for the chlorotic girl it is better that they should act with aperients, such as a daily dose of effervescent saline, than not at all.

The treatment of anæmia resolves itself into the abolition of the above-mentioned causes and the administration of some preparation of iron internally, but it is not so generally known as it might be that iron is one of the most difficult drugs to administer properly, for it is essential to suit the preparation to the patient's digestive powers. When there is pain after food, the dyspepsia and the constipation must, as a rule, both be treated before the iron is given at all. Treatment of the dyspepsia, too, has often to be preceded by the removal of decayed teeth.

Some of the preparations of iron that are so freely retailed by the advertising chemists and patent medicine vendors are quite insoluble, and in practice pass out of the blood unchanged; in fact, on one occasion I placed some "Blaud Pills" on a deal board and succeeded in hammering them into the wood without breaking the pills! What use they would have been to the faithful chlorotic who bought them under the impression that they would enrich her blood (and, I think, make her hair grow also) is not easy to discover.

Properly treated, chlorosis and its consequences respond most readily to drugs and hygiene, but if neglected, or combated by the indiscriminate swallowing of patent medicines, they are apt to involve the giving up of the nursing vocation altogether by the unfortunate patient.

The Chemistry of Infantile Digestion.

Lecturing on the Chemistry of Infantile Digestion on May 3rd, at the Infants' Hospital, S.W., Dr. Ralph Vincent prefaced his remarks by acknowledging that it was the most complicated subject, and he did not propose to deal with all the processes, as that would include a very wide scope, but he would explain the simple and normal processes, and to understand these it was necessary to have some idea of the alimentary canal, which he briefly described with the assistance of diagrams. He then dealt with the constituents of milk, demonstrating by ex-

periment the amount of fat to be found in rich cows' milk and the casein in fat free milk. He said that in mothers' milk there was a large proportion of whey proteins, and this should also be found in all substitutes. Whey contains a large amount of proteins. If rennin were added to human milk it would throw down a fine granular curd. In cows' milk the curd was much larger, and dense and tough; it was only necessary to modify the latter to get the natural curd.

The modification of cows' milk to suit the needs of each infant is the basis of all Dr. Vincent's teaching. He showed very conclusively that the common practice of boiling the milk was a mischievous one, as by this means the lactic acid is destroyed, which alone controls organisms associated with putrefactive changes, for these cannot grow in an acid medium. In boiled milk the decomposition is putrefactive in kind, and the products of this decomposition are highly poisonous. Pure milk cannot decompose, though it may turn sour. On the acidity of the alimentary canal, the welfare of the child depends. Another serious thing is to give an infant barley water, it being starchy, and the amylopsin not being present in the child till the sixth or seventh month it cannot digest it. Further the colon bacillus can live upon it, and will soon find its way also into the small intestine, causing wind, which is the result of the colon bacillus and barley water.

After explaining the movements of peristalsis, he described two exaggerations:—

1st, Colic, when a large amount of unsuitable food had to be got rid of, peristalsis instead of being gentle became sudden and painful, tonic contraction.

2nd, Paralytic contraction. A case of marasmus, properly fed and treated, may develop abdominal distension. The inhibitory nerve fibres, instead of contracting, give way, and the intestine dilates. Unless this is controlled, paralytic distension follows. An infant in health will always vomit sour fluid, and this unless it becomes excessive may be considered a normal condition. Large curds excreted are not necessarily proteids; they are found in the motions of infants fed on whey or even albumen water. They may be due to colitis, causing much mucus and débris to be excreted.

A quiet and increasing interest in the relation of morality and health is being aroused, and the special sub-committee of the National Union of Women Workers which has had the matter under consideration has decided to hold a one day's Conference in London at the end of September. Valuable help in their difficult work should result for rescue workers.

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