

Why Certified Milk Sometimes Fails as a Food for Infants.

Dr. Judson A. Hulse, of Akron, Ohio, writing in *The Dietetic and Hygienic Gazette*, says:—"From a theoretical standpoint certified milk should be, next to maternal nursing, the best food obtainable for infants and young children. Practically it sometimes fails and this failure is due to a number of reasons, chief of which is the fact that it is often low in the percentage of fat.

It is now the weight of opinion among pediatricists that the tough curd of cow's milk is softened and rendered digestible by the presence of fat in the shape of cream. Buttermilk, skim-milk, or any other fat-free milk no longer occupies a place in the dietary of a healthy or unhealthy infant. The Walker-Gordon laboratories have long since demonstrated the absolute necessity of increasing the amount of fat whenever the amount of proteids are raised. Attempts to raise the proteids without a corresponding increase in the proportion of fats have proved disastrous to the infant's digestion.

Dr. Joseph Winters, of Cornell University, has ably shown that from a physical standpoint alone fat-free milk and milk low in fat are apt to be indigestible when given to an infant. As he states: "The pyloric orifice of an infant is no larger than the average small probe," hence the tough curd cannot pass through it, consequently it remains in the stomach until putrefactive changes occur, resulting in violent attacks of indigestion or graver disorders.

Certified milk is often low in fat for this reason: From the press and pulpit, through health boards and the various anti-tubercular leagues and kindred organisations, as well as the medical profession, the public has learned of the dangers and ravages of tuberculosis. Infection from tubercular milk has claimed its share of attention, and the work of education has reached the farmer in the remote rural districts, making him wary of the Jersey-bred cattle of his herd, since he knows that they are especially susceptible to tubercular infection. The writer personally knows certified milk producers who have eliminated the Jersey-bred cattle from their herds before submitting their cattle to the tuberculin test because of this fear, and he knows of others who have refused to add Jerseys to the herd for the same reason.

Since cows of this breed more than any other contribute to high fat percentages, the result of their elimination from the herd is a milk low in fat, relatively high in proteids, and therefore a milk not only constipating, and the cause of poor nutrition, but, further, capable of producing acute gastro-enteric disorders of a grave or fatal nature in the strongest infants.

Another objection to certified milk as a food for infants is the fact that it is twenty-four hours old when delivered to the consumer, and when kept for use another twenty-four hours, or forty-eight hours in all, is then too old for the infant's use.

The writer is not unmindful of the fact that the foregoing statement is contrary to popular opinion.

He is aware, too, that certified milk is taken aboard sea-faring vessels in long voyages, and fed to infants weeks afterward without apparent harm, but he feels, nevertheless, that there are chemical and proteolytic changes taking place in such milk which, while hard to demonstrate by laboratory methods, are yet capable of rendering it, even when kept under ideal conditions, less fit as a food for infants than perhaps less clean milk used within the first twelve hours of its production, if we are to measure results by the infant's freedom from gastro-enteric disturbances, but more especially by its normal growth, progressive gain in weight and general well-being.

The Central Midwives' Board.

The next examination of the Central Midwives' Board will be held on October 24th, in London, at the Examination Hall, Victoria Embankment, W.C.; in Birmingham, Bristol, Leeds, and Manchester, at their respective Universities; and at Newcastle-on-Tyne at the University of Durham College of Medicine.

Whenever Irish midwives are included and recognised in the Midwives' Act, we hope they will be required to pass a central examination and answer the same questions as those set for candidates in England and Wales. Any other course would manifestly be unfair to English midwives, and further, the institution of a central examination and the maintenance of a uniform standard is the most important and useful work carried out under the Act.

Thirst Fever in Infants.

Müller reports in the *Journal of the American Medical Association* that fever developed in some infants who were resisting a change of diet, and whom he was trying to accustom to the bottle or the breast by starving them to it. He describes two cases in detail, calling attention to the reciprocal relations between the weight and the temperature; whenever the weight showed that the children were suffering from insufficient intake of fluids, the temperature rose, while it declined again when tea was given. He is inclined to regard this thirst fever as the direct result of the concentration of the body juices, an alimentary, or rather negative alimentary fever, analogous to the "salt fever" observed in infants. These experiences suggest that the custom of compelling a change of food by starving the children to it may have serious consequences; and also that salt fever may occur without any lesion of the intestines. Possibly the reduced elimination of water through lungs and skin may be partly responsible for the higher temperature. Müller refers to Crandell's report in 1889 of similar cases of fever in which the temperature rose during abstention from fluids. It was first called "starvation fever," but Müller prefers the term "thirst fever."

[previous page](#)

[next page](#)