

## MEDICAL MATTERS.

The Medical Bulletins issued by the Medical and Research Department of the Cow and Gate Laboratories, Guildford, are remarkably interesting and contain a large amount of valuable information. Thus:

### The Digestion and Absorption of Di-saccharides.

Sugars may be divided into mono-saccharides, comprising dextrose or glucose, lævulose, and galactose, and di-saccharides, including sucrose (cane sugar), maltose (malt sugar) and lactose (milk sugar).

#### ABSORPTION.

Dextrose in food (honey and fruit) needs no hydrolysis for absorption, and it is probable that part is absorbed by the gastric mucosæ. In any case dietary dextrose is absorbed very quickly after ingestion in the upper part of the small intestine by the villi.

In the case of maltose, lactose, and sucrose, hydrolysis is a necessary precursor to absorption, and as the action takes place continuously but slowly along the bowel, the assimilation of the di-saccharides is spread over a longer period and a greater length of the intestine, taking place chiefly in the lower middle and third.

In infant feeding where rapid and early absorption of sugar is desired, dextrose is the best form, as it is rapidly depleted from the intestinal contents in the upper section of the small intestine. When slower and more regular absorption is indicated, the di-saccharides, sucrose, lactose, and maltose in the order given are best.

A mixed sugar consisting of dextrose and a mixture of di-saccharides, *e.g.*, Karo, is now recommended for the sweetening of milk for infant feeding, as it secures a regular and uniform absorption of dextrose both dietetic and digestive derived throughout the length of the small intestine.

#### Bad Habits.

Recent psychological investigation of young children has shown that underlying what are commonly called "bad habits," such as thumb sucking, bed-wetting, screaming fits, temper tantrums, are states of anxiety, fear and hate which are really responsible for these situations, often such a source of worry to parents.

Thumb sucking, for example, is something more than a local reflex like the scratch reflex of the dog. Its real meaning is to be found in the emotional life of the child. It is the expression of an intense need for satisfaction from the breast. The physical harm likely to result from this habit has been much exaggerated. But if forcible measures are taken to stop the habit, the emotional conflict is merely driven deeper into the subconscious and will crop up later to express itself in more troublesome manifestations such as bed-wetting, tongue sucking, stammering, night terrors.

Recent investigation also shows that there is a tendency to expect too much of the baby in the matter of cleanliness at an early age. Many children can be trained to be clean during the first year and later in the second or third year become wet and dirty again. This proves that there is more than a mere conditioned reflex underlying good habits. The meaning of the breakdown has to be sought in the child's emotional life. The child tends after the first year of life to develop anxieties about his products of excretion which he is taught are "bad" and "harmful," and the obstinate constipation or alternatively the lack of control may really be based on the child's phantasies about these dangerous products inside his body. Scoldings, punishments, whippings are going to aggravate his anxiety. It is better to encourage the child, to manifest no concern over his dirtiness, to inspire him with the hope that he will soon be able to manage things for himself. As Dr. Isaacs points out, it is not a question of morals but of technique.

No young child should be left to scream himself hoarse until he falls asleep from exhaustion. In the first few weeks of the new-born infant the baby has to adapt himself to the feeding routine and his hunger cries may be disregarded. But after this time, and especially after the first year, the child who wakes screaming in a night terror must be reassured. To leave the child to learn better is to lay the foundation for serious mental disturbance in later life.

All recent analysis of children confirms the fact that in the child's mind there already exists a powerful urge to morality. There is no need for the parent to instil goodness into the child's nature. The drive is there already. He has but to be shown the methods to attain his goal of good behaviour in the world to which he is striving to adapt himself.

(Reference: S. Isaacs, Social Development in Young Children.)

### The Campaign against Tuberculosis.

The following note, extracted from the Annual Report of the Medical Officer of Health for Brighton, 1932, is disquieting:

Raw ungraded milk from our most careful farmers from time to time contains living tubercle bacilli, and there is nothing to show that the measures being taken against bovine tuberculosis are reducing it in amount. Taking raw milk supplies throughout England and Wales, over 6 per cent. are infected with living tubercle bacilli; of cows and heifers examined, 1.3 per cent. are affected with tuberculosis of the udder, or are giving tuberculous milk; it is estimated that tuberculosis is present in 30-40 per cent. of our cows; out of 350,000 herds in England and Wales, fewer than 400 are regularly tuberculin tested. So much for the campaign against tuberculosis. The result of this failure to rid our milk supply is estimated as follows:—4,000 fresh cases of bovine infection occur each year in England and Wales, resulting in an immense amount of suffering, invalidity and crippling, and 2,000 persons, about three each day, chiefly children, die as a result of milk infections.

Pasteurisation of milk, properly carried out, frees milk from all risk of conveying tuberculous infection, sore throats, and the typhoid group of infections.

## FLORENCE NIGHTINGALE SCHOLARSHIPS FUND.

### DONATIONS STILL COMING IN.

We beg to acknowledge with sincere gratitude the following donations to the Florence Nightingale Scholarships Fund in response to the National Council of Nurses' Appeal:—

From Miss Edith Smith, Matron, and the League of Nurses, Westminster Hospital	£	s.	d.
	50	0	0
From Miss J. Melita Jones, of the Trained Nurses' Club, Auckland, New Zealand	1	0	0
From Miss B. Filley, British College of Nurses, 1, Beacon Bungalows, Marazion, Cornwall		5	0
	£51	5	0

### QUEEN'S INSTITUTE APPEAL.

At a Conference of Queen's Superintendents of England, Wales and Ireland, it was decided last March to issue an Appeal to all Queen's Nurses and to Associations affiliated to the Queen's Institute for donations to the Florence Nightingale Memorial Fund.

The response has been wonderfully generous, and it is hoped in a few weeks that the splendid sum of £470 will be forwarded to the general fund of the Florence Nightingale International Foundation.

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