

FASHION IN INFANT FEEDING.

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IN reviewing the history of the artificial feeding of infants one cannot help noticing the rise and fall in the popularity of different methods of modification and, indeed, of different varieties of food. No method seems to remain long in favour. Each has its rise, its zenith and its fall. This sequence of events is quite explicable on the ground that infants differ from one another in many respects and have different needs in accordance with their constitutional make-up, and their reactions to the environment, the chief and most important of which is their food. No single type of food, not even breast-milk, can be depended on to suit every individual infant. Even if it is not necessary to entirely change a food to meet certain definite requirements or idiosyncracies, it may be necessary to make certain small modifications or adjustments in order to comply with the special conditions. Hence certain foods or methods of feeding in capable hands prove eminently successful at first, but as soon as they become popularized and are adopted and employed by inexperienced persons on a large scale, their defects as a universal food for all infants without appropriate adjustments become manifest.

If in any particular area some special method of feeding becomes more or less universal, there will always be a certain proportion of failures. These failures will be brought to the local hospital and probably fall into the hands of the local expert whose opinion carries weight. When week after week and day after day he sees these failures and finds that they have one and all been fed in accordance with the popular fashion, his faith in this particular method naturally becomes shaken, and his doubts and want of faith soon spread throughout the district, and then follows the downfall of the method in question.

At the present moment dried milks, which have proved so universally popular and have contributed so greatly to the success of the welfare movement, are coming under the ban of the experts and pundits who only see the failures in their practice and not the vast number of the successes. One of the most striking changes in fashion which has of recent years come o'er the scene of pediatrics is the wane in the popularity of barley water as an addition to milk mixtures or other infant foods. Barley-water was very popular about 15 years ago, and no doubt its employment was greatly abused, and many instances of rickets and marasmus were correctly traced to its use in unsuitable ways and in unsuitable cases. The edict went forth therefore from certain authoritative quarters that barley-water was a danger and an unsuitable food for infants, and hence its present unpopularity. It may well be questioned whether this

verdict is any more justifiable than many others of a similar nature. Properly used in suitable cases, barley-water, bread-jelly and many other cereal decoctions have proved valuable foods in the hands of many of the most famous of a past generation of physicians. The late Dr. W. B. Cheadle had great faith in bread-jelly and made it a very popular food in cases of marasmus as well as for general use in normal cases. It is extremely doubtful whether bread-jelly has any special virtues as compared with other cereal decoctions, and it has the further disadvantage that it is troublesome and difficult to prepare. Barley-water, however, whether made from pearl barley or from prepared barley, is easily and quickly made. From the point of view of nutrition and food value, all forms of carbohydrate are equally good, and if they are digested in the normal manner they are all reduced to exactly the same end-products, namely, dextrose or lævulose—two simple monosaccharide sugars.

After the period of infancy most individuals take their carbohydrate food in the form of cereals, as starch, bread, rice, potato, tapioca, sago, etc. Most of them also take varying proportions of sugar, but sugar is not an essential element of any dietary, so long as the individual is capable of manufacturing sugar for himself out of the raw cereal or starch itself. Sugar has the advantage of being pleasant to the taste and of being soluble in water and more readily absorbed, but the insoluble starches have the advantage of giving the digestive functions a certain amount of work to do, and thereby affording a greater sense of satisfaction to the appetite. Moreover, since they are only slowly converted into soluble sugars by the processes of digestion they keep up a more sustained reinforcement of the blood with the necessary carbohydrate elements. Whereas sugars, if taken in equivalent amount, are apt to flood the circulation with unmanageable quantities of dextrose or lævulose.

Infants cannot take their required complement of carbohydrate food in the form of starch because they have not the capacity of converting any large amount of it into sugar, but their powers of so doing rapidly develop by practice, and the sooner they acquire these powers the better. There can be no doubt that cereal decoctions added to cow's milk, or to dried milk, are of considerable value to infants in many ways, provided the total amount of starch given is small at first and the amount only gradually increased, as the powers of starch digestion are correspondingly developed. It is greatly to be hoped that the fashion of using cereal decoctions in a rational manner in infant feeding will return into favour.