

# CAROID IN MALDIGESTION OF INFANTS.

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A very considerable part of every busy family physician's practice consists of work in aiding the reformation of infant's perverse digestion. We have all run the gamut of prepared milk foods, sterilized and condensed, predigested and lactated, in quest of something that would agree with this or that baby, particularly with this or that bottle-fed baby. We have all found that the infantile digestive apparatus is an exceedingly delicate mechanism, requiring finest adjustment, and that, usually, each individual case offers a different problem to solve.

We have all learned, too, that an infant is not nourished by what it swallows, but only by that portion of its food which is digested and assimilated. A proper dietary, therefore, is one that is adapted to the infant's age, constitution and digestive powers; so that, as far as possible, everything swallowed may be digested and absorbed. As one writer states: "Children differ as much in constitution as in feature, and it is impossible exactly to formulate a food that will be applicable to every case. As age and strength increase there is a corresponding development of the gastrointestinal functions, and a call for more and stronger food. On the other hand, should the system be reduced by disease, the digestion sympathizes in the general debility, loses somewhat of its power, and assumes that of an earlier age. In such cases the impaired strength must be sustained and increased by giving only such food as can be completely assimilated, and not by forcing down strong food merely because it is *strong*; for the latter, when not vomited, passes through the bowels undigested, and the little creature starves to death in the midst of plenty, or dies from the ill-effects of the constant presence of fermenting food in the alimentary canal."

It is for the relief of the abnormal condition just described, i.e., the presence of undigested and fermenting food, that we, as physicians, are most frequently called upon to prescribe, and in this day of high-pressure living and bottle-fed infants, such cases are constantly before us. Hitherto, it has been a questionable practice in these cases to furnish one of the innumerable predigested foods; but it has been the experience of the writer that in the feeding of infants, food