

THE NURSING OF SICK CHILDREN.

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III.—HOW TO FEED SICK CHILDREN.

THIS is often a problem, and often a vexed question, the patient and the Nurse being at issue over this point of discipline; and as one of the first symptoms of illness in the child is distaste for food, and as one of the essentials of recovery is the taking of nourishment, it can be easily understood that a Nurse, who is able to feed her patient, has mastered a very important part of her work. Only a Nurse, who has had to do with sick children, can realise how they can make themselves masters of the situation; and a Nurse, who comes straight from the care of adults, to tend sick children, is often much perplexed how to do her duty all round by her patient. It is most essential, in training a Nurse for sick children, that she should be quite competent to manage the feeding of a sick child—that she should understand, as part of her duty, that a definite quantity of nourishment has to be given in the twenty-four hours, and that it *must* be taken. A child will, as a rule, take its food much better, if it is, as far as possible, given by one person, for that person will have learnt its humours and tricks, and will be prepared for them.

It is not of much use to argue or reason with the child: this is so much time lost, and places the child in the false position of equality with its Nurse. It is wiser to begin at once by exhibiting firmness and determination, even at the cost of some tears and struggles; but if the child can be caught by guile, so much the better. This thing is quite certain, unless the child discerns the love of children in its Nurse, it will not take to it, for these little ones are keen in their discernment, and at once recognise their friend. Above all things, treat the child with *truthfulness and honour*; if the child learns to trust its Nurse, then she can do anything with it.

In dealing with the feeding of sick children, we must begin at the beginning, and take the little babes in hand. Poor wee mites, very many of their ailments begin with the mistaken kindness of their mothers. Among the poor, it is most necessary to teach the mothers, that the babe's stomach is neither of the same capacity or strength as the adult's, and that milk is the only and proper food, until the cutting of the teeth indicates a more varied diet; also, that it is improper to give the babe alcohol, either directly, or through the medium of the mother's milk.

A very decided step towards temperance has been taken, when the nursing mother can be induced to exchange the glass of porter for the cup of milk, before she suckles her babe. Among the rich, it is, unhappily, necessary sometimes to teach the mother that she is neglecting a sacred trust, when she tries to put aside the plain duty of nourishing her babe, or makes it so subordinate to her pleasures, that she will imperil her child's health, by feeding it when she is over-heated and excited by the gaieties of life. In all cases alike, the babe will shortly have to come under the Doctor's hands, with diarrhoea, vomiting, wasting, or something indicative of internal derangement. It will be the Doctor's business, to find out why, and how, the food has disagreed with the babe's stomach, and to plan out a course of diet, to be strictly adhered to; and the Nurse will have scarcely a better opportunity of showing her skill than by undertaking the feeding of such a patient. She will have to feed, by small quantities at a time, and frequently, just how, and when, the stomach will bear it, and this by night as well as by day; she will have to vary the diet, sometimes peptonising the milk, sometimes giving whey, sometimes using bread-jelly, or raw-meat juice, according to her orders; but whatever is the food given, the possibilities of it nourishing the child will depend upon the diligence with which it is given. If the stomach will only retain a tea-spoonful every half-hour, then she must work at that patiently; nor will she hurry the babe in feeding it—the slower the child takes its food, either from the bottle or spoon, the better. The bottle used should be the old-fashioned boat-shaped one, with the teat only, and without the india-rubber tube, as the latter has so many parts that some of the food must get into the joints, and decomposing, taint the fresh food. This favourite bottle, especially among the poor, has much to answer for, in inducing stomach disorders among their infants.

It will be part of the Nurse's duty carefully to note the effect of the food upon the babe, as shown in the evacuations, their frequency, character, manner of passing, and the like, all of which need to be noted by an intelligent observer and reported to the Doctor at his next visit. If the food is agreeing with the infant, it will soon show it in its aspect: the face will look peaceful and happy, the babe will sleep quietly, the vomiting will stop, it will not be drawing up its legs with the perpetual moan of pain, the abdomen will become soft and elastic, and the evacuations will assume the pale yellow half-formed consistency of health, and be passed twice or thrice in the twenty-four hours, and without pain. But to bring about so happy a result much pains and patience must be given to the work, united to

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