

OBSTETRIC NURSING.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER IV.—INFANTILE FEEDING.

(Continued from page 173.)

At their completion, this Course of Lectures will be published as one of the Series of "Nursing Record Text Books and Manuals."

WE will consider breast feeding, firstly, in its infantile; secondly, in its maternal aspects. And here I will frankly and at once confess that I hold a brief for my little patient, and shall do my best to defend him from those modern innovations that have tended in my judgment to debar him from his natural rights and privileges, and not always to his well-being. I need scarcely remind my Nursing readers that the infant can receive his natural aliment either from his own mother or another baby's mother, commonly called a wet-nurse—or to my mind far preferably a foster-mother; and I shall point out to you that *maternal* and *vicarious* suckling respectively are not, and except under the most exceptional circumstances cannot be, the *same thing*, and we will discuss the former and normal condition first—we can enter into the deviations therefrom in a future paper.

The first point we observe in maternal feeding is the consummate wisdom with which Nature adapts the food of the infant to his needs, from the hour of his birth: until the natural end of lactation, that is when dentition sets in, and these peculiar changes can perhaps be better seen in young and healthy *primipara* than in the latter periods of child-bearing life, and hence we will select the young Nursing mother, as the fairer example of the conditions we are about to describe. The first secretion from the breast is commonly clear, watery, thin, and scant in quantity; as the breasts fill, the fluid alters in character, becoming opaque, *thick*, and *yellow*. This hue is due to an excess of fatty particles in the milk, called the colostrum, and this colostric condition may continue for a few days, when another change takes place, the milk becoming thinner and *whiter*, the fatty particles diminish in quantity, and in the course of five or six days the milk flow becomes abundant, and its condition perfect, and we say that lactation is established.

Now to what extent do these changes affect the newly-born infant? The *first* secretion taxes his digestive powers but little, and serves as a sort of solatium till better things arrive. Now

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what does the colostrum do for him? We may be sure it has a purpose. It acts as a *natural* purge, to free him from a substance he no longer wants—the meconium poured during infantile life into the intestine of the foetus. Ignorance of this wise provision of Nature has led to the reckless administration of *purgatives* by Nurses, mothers, and other women to the newly-born, to clear the bowels! which is, in the vast majority of instances, a most pernicious practice. And here I must just say a word upon another common fallacy based upon the appearances the meconium presents whilst it is being *gradually* removed from the intestine; at first it is black, the familiar "black motions" of birth, which are really dark green, but as the quantity of the meconium diminishes, and it gets mingled with the other products of digestion it becomes paler in hue—greenish, the *green* motions as they are called by Nurses, and this appearance has been but too often, and is still regarded as a *portent of evil* rather than the result of natural and *temporary* causes, and in consequence medication is at once rushed at; and the inevitable, though unimportant pain that the colostric purging occasions is aggravated into an evil, and becomes a source of infantile suffering and *mischievous*. Whilst the meconium is being purged off by the colostrum, the milk undergoes further changes; its solid constituent—casein *plus* cream—freed from a disturbing element, enters upon its great task of building up the infant frame. I have pointed out to you the characteristics of the curd of human milk when it first enters the infant stomach, and when it leaves the system, in a recent paper, and need not repeat them here.

So much for the food of the infant, how about the way that Nature imparts that nourishment? The method is suction, and the nipple is a most important part of the breast, for we know that a defective nipple may deprive an infant (unless artificial aid be resorted to) of his natural aliment, even though it exist in abundance in the breast. In previous papers I have dwelt upon the care of the nipples during pregnancy and lying-in, and refer you to those papers; but here we have to see how baby fares in the matter. The substitute for the mother's nipple is a familiar article, called an india-rubber teat—mostly *black*—to add to its attractions (?) I presume!

Let us just note some of the points of difference between this ingenious production and that provided by Nature. In shape, the nipple is somewhat conical and *solid*—not *hollow*, forming a sort

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