

the nipple, put on *before* the infant is applied to the breast; when he is removed, wipe the nipple dry, so that *no particles of milk curd* remain on it, and again paint with the lotion; if the nipple is very tender, a shield must of course be used for suckling, but in my judgment (taking due precautions of course), I consider it better to keep the infant *to* the nipple, as the act of sucking certainly has a beneficial effect upon the infant's mouth by promoting the cleansing of it from the aphtha.

*White* vaseline can be used for the nipple before the infant is applied, if preferred, but I recommend the glycerine and borax as the better, so long as the infant's mouth is "thrushy."

Another distressing result of "thrush" is excoriation and tenderness of the nates (especially in the cleft) and the genitals, brought about by the acid character of the secretions, and this inflamed condition is commonly spoken of as "the thrush going through" the infant, and to judge by external appearance, the passage must be a very painful one for the little victim.

Great care must be exercised in dealing with this development of the trouble (1st) by frequently changing the napkins, strictly observing all the instructions I have given you in the matter in a previous paper; (2nd) by topical applications. The parts should be washed clean *every* time the infant is changed, with warm soap and water, with a piece of *soft* sponge kept for the purpose, and dried with a soft napkin, and then starch powdered, or, better perhaps, for male infants, dressed with the Pulv. Oleo Zinci Co. I told you about recently—*plentiful* lubrication with vaseline after the surfaces have been *perfectly* dried is good, as the vaseline repels the urine from the skin, and it should be done every time the napkins are changed. Still, I recommend the zinc panacea to be used twice a day, and *after* the vaseline is applied until the parts heal. Unless care is taken in this matter, the infant gets into a deplorable condition about the buttocks and thighs from excoriation, and medication is absolutely necessary, as well as measures to deal with it.

With respect to the topical use of Chlorate of Potash that I mentioned. Like Borax, it is used dry in powder form, or dissolved to form a lotion; in the former case the alkali is scattered over the tongue and left there, a portion being swallowed by the infant; this is an effectual remedy, but should not be given without medical sanction; great care must be taken as to the quantity applied, not more than *five* grains, and that only *twice* a day; and I should advise a Nurse not to give it on her own responsibility. The borax treatment is generally

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sufficient, and always harmless, and, having antiseptic properties, it is the more desirable. Other antiseptic substances, such as Condy's Fluid or Creolin, for washes, for instance, are recommended by some medical men, and, as a Nurse, you will have to carry out your instructions. In what I have just told you about "thrush," I have simply, as on *all* other occasions, given you the results of my own experience as to the simple and practical treatment of the disease.

There is a malignant form of thrush, sometimes seen in infants of weak constitution, exposed to unhealthy influences, or the victims of crass ignorance and neglect, in which the aphthous specks become black, and ulcerations form on their site, diarrhoea increases, the belly becomes tender, the infant is drowsy or may be convulsed. Chlorate of potash is given internally, and a saturated solution of sulphate of copper applied to the sores. Continued medical care is imperative, as the case often terminates fatally.

Before leaving the subject of "thrush," I must earnestly impress upon the minds of Mothers and Nurses that the most frequent and fertile source of the disease is *improper feeding*, emphatically, the giving of *solid* food in any form whatever, such as bread, biscuits, cakes, rusks, arrowroot, and *all* farinaceous substances, to young infants. The evil is largely preventable, and, as far as my observation goes, when it exists is the result of ignorance and mismanagement. Let every Nurse and Mother resolve that *their* baby, as far as human care can go, shall *not* have "thrush"; one "prevention" being better than a thousand "cures."

(To be continued.)

#### NURSING AND THE CHOLERA.

THE Local Government Board have communicated with the Metropolitan Asylums Board and with the several sanitary authorities in London, and letters have been sent to each medical officer of health in the metropolis asking him to consider and determine as to the provisions which can be immediately made in the event of any case of cholera occurring in his district pending further arrangements. But how about the Nursing of the patients!—Would it not be a good plan for thoroughly trained Nurses of tried experience, who are willing to undertake the work, to send their names and addresses unto Dr. THORNE THORNE, at the Local Government Board Office, Whitehall, so that they be ready at a moment's notice—should their services be required. We all know what a strain has been put upon the resources of the Metropolitan Asylums Board by the present increase of scarlet fever in London.

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