

## Infant Feeding.

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HERETO, this subject has been considered by many to be solely within the Nurse's province; and, indeed, I fear such a feeling still exists, and is often acted upon by those of my profession who have much to do with babies. The young mother has to look to her for guidance. Is her knowledge equal to this responsibility, and does her training warrant her assumption of it? I think not. In the training (?) of Maternity Nurses the possibility of hand-rearing being required, appears to have escaped the attention of those who are answerable for it. The Nurse has to glean what she can in a happy-go-lucky manner, the height of her ambition being attained when she has gained the possession of a long list of so-called Foods, each of which is backed by a suitable tradition as to its value for rapidly increasing the bulk of the child. I would ask those who are responsible for this to make some effort to give what is earnestly required, viz.: some systematic teaching which shall be a guarantee of fitness for the work undertaken by the Nurse. It might be rightly argued that the arrangement of such matters is the doctor's affair. With this, I quite agree, but the public receive a Nurse as an authority on this question, and the Nurse's influence may, at least, be of great value in removing the many errors which exist. I also think that if hand-rearing is to succeed as it ought to do, the Nurse should be well informed upon the subject. With this feeling existing in my own mind, and knowing that I am not alone in this respect, I venture to offer some hints on feeding which I have found to succeed well. The space at my disposal makes me confine my remarks to the first six months of life.

A baby, when born, should be looked upon as a machine, the several parts of which have, by careful guidance, to be brought quickly into harmonious working. How soon, and with how little or great inconvenience to the child, this can be done, will vary in every case. If the mother's milk be available, and regularity in feeding be adopted, the whole question is simplified; but should this supply fail, much care is needed in the first month of life.\* "Mixed Feeding," *i.e.*, breast and hand-rearing, will be relatively easy in proportion to the number of meals of the former which can be supplied. The old-fashioned ideas so earnestly propounded by "Mrs. Gamp," that the "two milks cannot agree," is contrary to fact; and this method should, in my opinion, always be adopted if *half the meals required can be obtained from the mother*, and these to alternate with cow's milk.

\*Wet-Nursing is not referred to, because there are moral objections to its use, and we can do very well without it.

To pass on to hand-rearing. From the first day of life, the following general principles of feeding must be acted upon, failure in attention to any one hazarding the success of the whole:—

- 1st. Character of the Food.
- 2nd. Strength of the Food.
- 3rd. Quantity of the Food.
- 4th. Regularity in times of Feeding.
- 5th. Manner of giving the Food.

*Character of the Food.*—The choice of a food is the beginning and end of infant-feeding with many Nurses. I unhesitatingly declare for cow's milk, boiled, or sterilised. This always succeeds *when properly used*. Patience and intelligent observation will be required, I admit, even though the training has been good. It is impossible here to give the reasons which have led me to this conclusion, or to make comparisons between this milk and many others which are at times suggested. What I would urge on the Nurse is that cow's milk in some form can always be used with comfort and success. This remark applies equally to babies born prematurely or at the full term.

*Strength of the Meals.*—The proportion of each ingredient should not be guessed at, but should be accurately measured by graduated glass. The problem to be solved in every case is—"How much casein can the baby digest?" This will vary as age increases, but the limit must not be exceeded. Evidence of having done this should be looked for in the stools, where undigested curd will be found in excessive quantities. Constipation is an early symptom, but vomiting of curd some time after the meal will usually guide us in the right direction. (I may here state that when vomiting occurs some time after a meal, and in curd, the meal has been given too strong in milk; but if rejected immediately after, the quantity has been too great, or it has been given too fast.) The Nurse should, therefore, always be on the alert to reduce or increase the strength of the food from meal to meal, and not insist upon a given standard being invariably taken. During the first month of life this will have to be done frequently, and the use of cream as a substitute for some portion of the milk will be advisable. With most children it is wise to continue the cream during the second month; but if the rearing has been skillfully undertaken, diluted cow's milk can be well digested at the third month, though it is better to continue the cream to a later period. At birth, I find the best meal to use for the average child is one teaspoonful of milk to five teaspoonfuls of water, half a teaspoonful of lime-water, a pinch of salt, and sugar to sweeten the new milk; and from this the Nurse should work up to one-third milk, or cream with less milk, to be given at the end of the fourth week. Whey may, with advantage, take the place of some of the water. At the end of the second month, cream, one table-

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