

Appointments.

MATRON.

Miss Emily Barry has been appointed Matron of the Huddersfield Infirmary. She was trained at the Wirral Children's Hospital, Birkenhead, and at the Westminster Hospital. She has also held the position of Sister and Assistant Matron at the Hospital for Diseases of the Chest, Victoria Park, and Superintendent of the Nurses' Home in connection with Queen Charlotte's Hospital, Marylebone Road, London.

Miss H. E. Robinson has been appointed Matron of the Bute Hospital, Luton. She was trained at St. George's Hospital, and has held appointments at the North Devon Infirmary, Barnstaple, and the East Suffolk Hospital, Ipswich.

SUPERINTENDENT NURSE.

Miss Agnes Melville has been appointed Superintendent Nurse at the Union Infirmary, Barnsley. She was trained at the Union Infirmary, Rochdale, where she was afterwards Charge Nurse and Night Superintendent.

ASSISTANT NIGHT SUPERINTENDENT.

Miss F. A. Selby has been appointed Assistant Night Superintendent at the Union Infirmary, Kingston-on-Thames. She was trained for three years at the Infirmary, Birmingham, and holds the certificate of the London Obstetrical Society. She has held the position of Sister at the Bradford Union Hospital.

SISTERS.

Miss Lily Wright has been appointed Sister at the Stanley Hospital, Liverpool. She received her training in Belfast, and for the past year has held the position of Staff Nurse in the Stanley Hospital.

Miss C. L. Elliott has been appointed Sister of the Obstetric Wards at the Union Infirmary, Kingston-on-Thames. She was trained for three years at the Infirmary, Birmingham, where for two years she also held the position of Sister. She holds the certificate of the London Obstetrical Society.

Miss Edith Priestley has been appointed Sister of the Scarlet Fever Blocks at the Isolation Hospital, Chester. She was trained at the Evelina Hospital, Southwark, and at the General Infirmary, Chester.

Miss Bertha Sutcliffe has been appointed Sister at the Government Hospital, Pietersburg, Northern Transvaal. Until recently she has held the position of Assistant Matron at Burghers' Camp, Potchefstroom, Western Transvaal.

STAFF NURSE.

Miss A. Symonds has been appointed Staff Nurse at the Stanley Hospital, Liverpool. She was trained for three years at the Infirmary, Lewisham.

Notes on Practical Nursing.

THE DIETING OF PATIENTS.

LECTURES TO PROBATIONERS.

By Miss HELEN TODD,

Matron, National Sanatorium, Bournemouth.

VIII.—INFANT FEEDING—DIETARY DETAILS—BOTTLES.

At our last lecture we considered the quantities with which an infant brought up by hand should be fed and the intervals which should elapse between each meal. To-night we proceed to discuss the composition of the child's food, the various symptoms which indicate the advisability of altering some of its constituent parts, and the best method of administration.

Cows' milk will, of course, form the basis for our infant's food, but it requires certain modifications before it is suitable for a baby. The action of the child's gastric juice upon pure cows' milk would cause the formation of firm large clots, which would defy its powers of digestion and cause vomiting and diarrhoea. To avoid this the milk must be diluted, the dilutant acting either as a mechanical agent, in that it separates the particles of casein, causing smaller and more flaky clots than would otherwise be the case, or chemically by neutralising some of the gastric juice so that the clots are formed gradually, and are not, therefore, in a tough mass. Barley-water is a familiar example of the first and lime-water of the second class of dilutents. Milk so diluted is, however, deficient in sugar and fats, the former of which will therefore be added in the shape of sugar of milk or caster sugar, and the latter as cream.

The baby's first food should consist of three parts of barley-water to one of milk sweetened with a pinch of sugar; the proportions should be altered very gradually during the first week of life until the child is taking two parts of barley-water to one of milk. During the second week $\frac{3}{4}$ cream may be added to four of the meals, and the proportion of milk again gradually increased, until by the third week the child is taking half milk and half barley-water. During the fourth week this can generally be gradually altered until the child is taking two parts of milk and one of barley-water, still adding the cream and sugar.

During the second and third month of life the baby will probably be able to digest $\frac{1}{2}$ cream in each bottle, the milk being in the proportion of $\frac{2}{3}$ iij. to $\frac{1}{3}$ j. of barley-water, and, as a rule, there is little object in changing this proportion for the next few months. Some children can, however, digest pure milk at five months old, and each case must be considered on its own merits.

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