

## Practical Points.

**Health Regulations for Infants.** The New York Department of Health has recently issued a circular on how to keep the baby well. The text is here given:—

1. *Nurse it*: Nothing equals mother's milk for a baby food. If you cannot nurse the baby, use *fresh milk*, which in hot weather has been boiled and prepared according to directions. Nurse the baby part of the time, if you cannot nurse it all the time.

2. *Feed or nurse it at regular intervals*, not more than once in three hours after it is six weeks old. Don't feed it simply because it cries. Decrease the amount of milk on very hot days. Too much food and too frequent feeding are among the commonest causes of sickness.

3. *Bathe it daily*: The glands of the skin carry off nearly as much poisonous matter as the bowels. They both must be kept open in hot weather. Dry the skin well after bathing.

4. *Air it*: Out-of-door air is necessary. Keep the head shaded from the direct sunlight. In hot weather take the baby out early in the morning before nine o'clock when it is cool, and again late in the afternoon and early evening, but not late at night.

5. *Keep it cool*: If it is bundled up too much in summer, it will become overheated. The more nearly naked it is, the better in extremely hot weather.

6. *Keep it in a quiet place*: A baby's nerves are very sensitive. Continued noise sometimes causes sickness.

7. *Give it water*: Between feedings give water freely, especially in hot weather. Use only water that has been boiled.

8. *Give no fruit* to a baby less than a year old. In summer give no fruit to a baby less than two years old. Fruit kills many babies.

9. *Give no solid food* to a baby less than one year old. For the first year of life the food should be *all milk*. For the second year, *chiefly milk*.

10. Call your own doctor, or, if you have none, in summer notify at once the Department of Health if the baby has diarrhoea, or is sick, and a doctor will be sent immediately.

11. *When the baby has diarrhoea*, stop all food and give only barley-water until the doctor comes.

12. Use bottled or certified milk; Straus milk, or that prepared and furnished at the various dispensaries, if you cannot nurse the baby.

**Conservation of Eggs.** Hospital housekeepers will be glad to know of the simple process for the conservation of eggs in vogue in the Co-operative Dairy of Bohemia.

It consists of completely immersing the eggs in a bath containing a solution of silicate of potash in the proportion of one part of the chemical to eight parts of water. The eggs are not removed from the solution till required for use. Since the effect of the silicate is to hermetically seal the pores of the shell, the egg is washed before being cooked and the shell pricked with a needle to prevent it from bursting. Out of a total of 2,950 eggs thus preserved by this process in April, 1902, only seven were found to be stale in the December following, while a good quantity of the eggs retained their freshness well into the New Year.

**Effect of Sterilisation of Milk.**

Dr. Cronheim's published research confirms the fact that the biologic properties of milk are impaired by the process of sterilisation. The exact mechanism is not known, but clinical experiences have established that the lime metabolism is unfavourably influenced. Sterilised milk is not a suitable food for infants for long periods at a time.

**Formalin for Inoperable Cancer.**

The New York *Medical Journal* says:—Powell's method of application of formalin in cases of inoperable cancer is as follows: Absorbent lint is soaked in 2 per cent. formalin solution (commercial formalin one part, distilled water nineteen parts) and laid on the tumour. This is covered with jaconet and cotton wool and bandaged on. The dressing should be changed every six hours. After the third or fourth dressing the discharges and fœtor cease; the further process is an aseptic one. In from three to seven days the tumour loses its elasticity and becomes darkened, friable, and insensitive. The further use of formalin is painless, and separation takes place, which should be aided by snipping the fibrous bands that pass into the underlying granulations. Less than a 2 per cent. strength of solution will not properly harden the tumour mass, and, if that percentage is exceeded, the application is painful, the diseased mass becomes surface-hardened, separation is difficult, and there is a risk of eschars. By the author's method no local or general anaesthetics are required.

**Catheterising a Patient.**

Dr. G. M. Cushing, in the *Clinique* gives the following careful instructions to be followed out in the catheterisation of a patient:—1. The instrument should be thoroughly sterilised by boiling and transferred to the hand solution by sterilised forceps. 2. It should be absolutely smooth. 3. It should be lubricated with an aseptic lubricant. 4. It should be introduced without force. 5. The operator's hands should be rendered aseptic by the use of a hand solution. 6. The meatus urinarius should be bathed with an antiseptic solution before the catheter is introduced.

**Treatment of Purulent Ophthalmia.**

In purulent ophthalmia Dr. Vian uses 10 per cent. solutions of potassium permanganate, with which he cauterises the conjunctiva night and morning. In its application he uses a swab of absorbent wool. If there is much swelling of the lids, so as to prevent eversion, the wool may be inserted between the lids and the globe. The salt, though a strong astringent, is not caustic, according to Dr. Vian; no harm, therefore, can result from its use in this way.

**Enema Nozzle.**

The *Medical Annual* draws attention to the value of the cone-shaped enema nozzle invented by Dr. Alexander Duke, in the administration of nutrient enemata, especially to children, and also for copious saline enemata. This nozzle, when pressed firmly into the anus, forces the sphincter to embrace it closely and makes it quite impossible for the fluid injected to return till allowed to do so by the removal of the tube.

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