by food, or the child will suck in air, and be troubled with flatulence.

It is not an uncommon mistake to allow a child to suck from a teat which is too long, thereby preventing a comfortable suction, and the fauces are likely to be irritated, and vomiting ensues. Care must also be taken that the little holes in the teats have not become too large, or the edges roughened. A teat in such a condition should be destroyed, as the delicate lining of an infant's mouth is very easily made sore, and if the holes be too large the food is taken too quickly, and vomiting and flatulence may be caused.

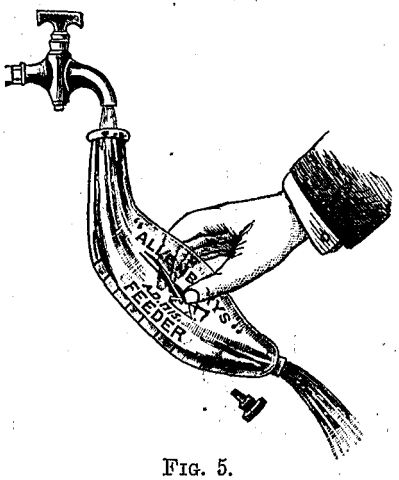

Fig. 5.

Messrs. Allen and Hanburys supply teats of different sizes, furnished with different numbers and sizes of holes.

A bottle baby must be trained from the very beginning to pay attention to business while taking its food, and not be allowed to stare about or play during the operation, and it is surprising how very quickly even a tiny infant may be made to understand this rule; although it is certainly difficult to enforce, when a "waster" ceases sucking for the purpose of giving its nurse a wrinkled smile. (A "waster" is a species of bottle-baby suffering from marasmus or "wasting away.")

A child must not be fed in order to soothe or keep it quiet, but at the regular and proper intervals suitable to its age and condition. A little care and patience will quickly bring even a previously badly brought-up child into regular habits of waking up for, and expecting its food at the proper times.

After feeding, the child's mouth should be gently cleansed with a piece of soft rag wrapped round the nurse's finger, and soaked in warm water, or if the mouth be sore, or "thrush" present (as is sometimes the case with new patients) glycerine and borax is often employed. The child should then be comfortably settled in its cot, and the cleaning of the bottle at once attended to.

Some infants may be too weak to suck from a bottle, and have to be spoon-fed. In such a case the nurse should sit on a low chair, and have a footstool. She should support the child comfortably with her left arm, and the cup containing the food should stand in a vessel of hot water. The teaspoon should be small and long-shaped, and kept exclusively for the infant's use. In hospitals, where silver spoons are not usually available, it is generally possible to keep a "best spoon" for this purpose. A skilful nurse will often manage to give the whole of a feed slowly and carefully, so that the child will retain it all, whereas a careless nurse feeding the same child will only get a small part of the proper quantity down the child's throat, letting some run out at the sides of its mouth on to the bib, and will give up the remainder in despair, saying she "can't get any more down." A child fed in this manner usually vomits the little swallowed, and, of course, if such treatment continues rapidly loses weight. In hospitals babies are usually weighed at regular intervals, the records being an excellent indication as to whether the food given is agreeing.

If a child be sick the nurse must minutely notice the character, quantity, colour, smell, and frequency of the vomit, and also as to what time after the taking of the food it was rejected, and until she is thoroughly efficient in being able to report these matters accurately must always keep the vomited matter for the inspection of her superior officer. The same rules of observation also apply with regard to the child's stools. Undigested food may be found in the

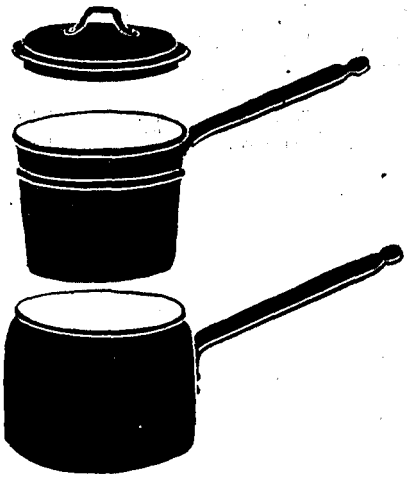

Fig. 6.

motions, with or without any coexisting tendency to vomit.

Much valuable help may be given to the doctor in his dietetic treatment of the case if the nurse makes careful observations and

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