

At the ninth month, fine oatmeal and cocoa may be added; a crust of bread towards the end of the month to assist dentition.

At the tenth month, bacon fat may be added. I generally prepare it as follows for little children. Steep some bread-crumbs in boiling water for a few minutes, drain off water; to this add bacon fat hot, and thoroughly mix. Give warm, immediately after preparation. A very small quantity should be tried at first, and gradually increased; ground rice and arrowroot may be added at this month.

At eleven months, meat jelly and honey.

At twelve months, gravy, vegetables, custard, or light pudding, baked apples and cream.

At fourteen months, treacle, stale sponge cake; these in addition to previous feeding.

When four double teeth are cut, a little boiled fish may be added occasionally to the diet. Meat should not be given under two years.

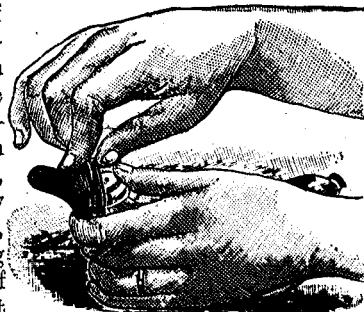
Plenty of drinking water is essential for children. Stimulants should only be employed if medically ordered: Other beverages prohibited, as well as sweets and pastry.

Temperature of Food and Care of Bottle.

It is well that careful supervision should be exercised as to the temperature at which an infant's food is administered. For this purpose Messrs. Allen and Hanburys supply a reliable Food Thermometer at a small cost. 95° is considered to be the right temperature by many authorities, but here again the individual child may be studied to advantage. The mucous membrane in some people is unusually sensitive, and even babies have their own idiosyncrasies. It is well if the nurse has the time and sympathy to discover these.

With hand-fed babies the nurse will need to be thoroughly conversant in the care of the baby's bottle. I cannot speak highly enough of the boat-shaped bottle with valve, sold by Messrs. Allen and Hanburys, nor of their clear directions as to the cleansing of same. The bottle is easily kept in a perfectly clean condition if thus treated, and once a day it is well to thoroughly wash in hot soda water with a small brush kept for the purpose. When the bottle is not in use it should be kept in cold water, to which has been added a pinch of soda bicarb. The teat can be easily washed as it is reversible, but should

after cleansing be *re-turned*. To occasionally sterilise the teat is useful, especially in hospital, and if the teat becomes worn one of the new Regulators, as shown in the sketch, will manifestly aid the baby, by regulating the flow of food without the necessity of a new teat. The damping of the bottle neck is worth noticing, as the teat adheres more securely.



Hints on Management.

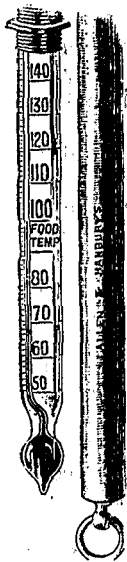
Space permits of only a mention of the evacuation, that the colour, quantity, frequency, and character should be duly marked; that aperients should not be given without medical orders; and that if the stool be undigested, the child is not assimilating the food given, and that probably the strength is at fault.

If the bowels are relaxed, the use of a saline or boracic washout of the colon is indicated. This should be given through a well-lubricated catheter. A large quantity may be administered if given slowly, and allowed to return as it is being administered. Strength: Salt 1 drachm, water 1 pint. Boracic, 1 in 60.

The care of the mouth is an important detail. Glycerine and borax, and sterilised old linen are generally used, with which it is swabbed out.

It is necessary at all times to keep the baby warm. All children should be taken out of doors daily (unless seriously ill), and in summer encouraged to sleep in the open air, with eyes well shaded from strong light. The clothing should be warm and light, and the cot kept scrupulously clean and well-aired. The infant should be turned from side to side when small. Great care should be given to the eyes, and in delicate children, after the morning and evening bath, the spine may be gently stroked down with the palm of the hand. Weekly weighing, and a knowledge of the normal pulse rate of the child always afford useful information to the nurse in charge of the child. M.S.

Miss J. C. Child, of the New Somerset Hospital, Cape Town, intends to return to England in a few weeks' time, and is looking forward to seeing old friends after her hard work in South Africa.



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