

careful observation and a diligent use of all means known to Doctor and Nurse. When it is borne in mind that a babe in health should double its weight in the first six months of its life, and that this is the result of its food, it can be understood of what vast importance that food is, and how easily the rapid vital processes may be checked or turned into a wrong direction if the food fails to nourish and maintain that growth.

When the child grows older, then the wilfulness and disinclination for food have to be conquered, and the child must be fed against its own will; this can only be done by gentleness and firmness on the Nurse's part, united to a regular system in quantity and time. It is useless to put the glass down in the hope that later on the child will take it more willingly; the little one has gained a victory that he will not fail to press at another opportunity. There is in children a ready adaptation to habit, and if a systematic manner of feeding be begun, and continued during the severity of the illness, the child will more readily fall in with it; and in cases of acute and exhausting sickness, it is a matter of life and death to give the nourishment frequently and in such quantities as the stomach can assimilate.

A Nurse, who knows her work well, when nursing a case of typhoid fever, will have her feeding table, on which the twenty-four hours will be divided into periods of two, three, or four hours, according to the severity of the disease, and the amount of food to be given will be divided into equal proportions for each period, the stimulant being distributed among the whole, and she will see that each quantity of food is taken by the patient at its assigned time. This plan has the advantage that on leaving her charge to take her rest, she can ensure that the regular feeding, on which so much depends, is carried on in her absence. Perhaps the most difficult case to feed is diphtheritic paralysis. This formidable disease, with its most formidable sequelæ, is, indeed, a test of good Nursing; the Nurse has to feed, in a case where paralysis of the muscles of deglutition so complicate the act of swallowing, that the food may readily run into the trachea, causing choking and suffocation, instead of into the œsophagus. The food then must be thickened, with arrowroot or some such other substance, or be given as pounded meat, custard pudding, or meat jelly. If the Nurse *puts the spoon well to the back of the mouth*, there will be less danger of choking, and lets the child have plenty of time to dispose of each morsel of food, before another is put in the mouth. It is a work of time to feed a patient with diphtheritic paralysis, and requires a skilled hand. The food should be given in as concentrated a form as possible, as the act of

swallowing is distressing to the patient. Meat essence and jellied beef-tea, milk stiffened with isinglass, custard pudding, port wine, arrowroot—these are some of the most suitable foods for this disease, and the diet must be highly stimulating to counteract the very low vitality that accompanies this complaint.

It is very frequently necessary to make use of the nasal tube for feeding, where the act of swallowing is almost impossible. This is essentially the doctor's business, and if he leaves it in the Nurse's hands, it is of great importance that she should be thoroughly well instructed in it, and the dangers attending its use be plainly pointed out to her. One word of caution: the Nurse should never attempt to feed through the nose, single-handed; a jerk of the head, or a snatch at the tube by the patient, may be attended by fatal results. This applies to all nose feeding, for whatever disease it may be used, and there can be no doubt that it is a most valuable adjunct in feeding sick children, when skilfully used.

Another valuable method of feeding is by nutrient enemata, where there is intractable sickness, or from any other cause, such as extreme wilfulness, or when there have been operations on the mouth, it is not advisable to feed by the mouth. To prevent these enemata disturbing the bowels, they should be thickened with arrowroot, or starch powder, and be given in as concentrated a form as possible, not exceeding 4oz. by measure, and not be given at shorter intervals than every three hours; an interval of four hours is better. With the greatest care, this mode of feeding may bring on diarrhœa; but in some cases where it has done so, it has been because the thickening of the food has been neglected; this is very essential, and, unfortunately, often forgotten.

In this paper, I have purposely omitted directions for the quantities of food to be given, or the nature of the food, feeling that such particulars are not necessary in an article written for Trained Nurses. As, however, there are very hazy ideas as to the amount of food that children require, I would remind the reader that, in the case of infants, nature has set her own standard as to quantity and quality. The breast of a healthy mother secretes about two to three ounces of milk between each time of feeding the babe. In the first three months of its life the babe is fed more frequently; but, after that, it is fed every four hours, thus bringing up the amount of food to about 28oz. in the twenty-four hours, or, roughly speaking, 1½ pints of food. As cow's milk is too heavy for an infant, it must be diluted with two-thirds of water for very young infants, and its strength gradually increased with the babe's growth. For children of an average of seven

[previous page](#)

[next page](#)