At about ten months of age the infant may have, in addition to its milk, a midday meal of lightly-boiled yolk of egg mixed with stale bread-crumbs, or about ʒ vj. of beef-tea (strength, ¾ lb. beef to a pint), mutton, or chicken broth, slightly thickened with bread-crumbs. When twelve months old most babies can digest a morning meal of bread and milk, a dinner of beef-tea and bread-crumbs, followed by milk pudding or a lightly-boiled egg, and an evening meal of bread and milk, in addition to O ss. new milk given in the middle of the morning and last thing before going to bed at night.

You will observe that according to this dietary table the child is kept upon a milk diet for a very long time, and it is precisely upon this point that you are likely to face a good deal of opposition on the part of the relatives, especially amongst the working classes. Do not forget that, at any rate until the infant is four months old, neither its salivary nor its pancreatic glands supply it with the means of digesting starches, and that predigested farinaceous foods, unless under exceptional conditions, are condemned for healthy children by all the best authorities as not being conducive to the development of the natural powers of digestion. No child under eighteen months of age should have meat given it to eat. After that age meat should be given at first in small quantities, and either pounded or minced. Mashed potato, stewed fruit, boiled fish, and cocoa may now be given, but not tea, coffee, stimulants, cheese, pickles, ducks, geese, high game, or any highly-seasoned dish.

If an infant is not thriving there are, according to Dr. Pritchard, certain symptoms which will guide us as to what is amiss with its food. Excess of fat, he points out, is shown by "diarrhœa, vomiting of sour ingesta, greasy and rancid motions," deficiency of fat by "dry and brittle motions with constipation and straining." These symptoms must be met by decreasing or increasing the quantity of cream given to the child.

If milk-sugar enters into the dietary its use must be modified, according to the same observer, by the signs of excess or deficiency of carbohydrates. In the first place, we are warned against too rapid an increase of weight, and, if the excess continues, a frothy, sour-smelling diarrhœa with a markedly acid reaction to litmus paper. (This condition is frequently seen in children fed on patent foods.) Deficiency of carbohydrates is chiefly shown by loss of weight. That too little food is being given is indicated by the fretful crying of the child, its insufficient weight, and constipation with small dry motions; too much food by an "overflow" vomiting, flatulence, colic, and sometimes diarrhœa. If the milk be not sufficiently diluted, casein will appear in the fæces and curds in the vomit.

In our last lecture we spoke of the steady increase of weight as being a valuable means of estimating the infant's well-being. I told you that at first the weight chart would show a loss of perhaps 7 to 8 oz., and that this should be made up by the tenth day; the gain after this until the child reaches the end of his sixth month should be from 3½ to 7 oz. weekly, the original weight being doubled during the first six months. From six to nine months of age we must look for a steady but lessened gain, probably averaging about 3 oz. per week. You will find that the process of teething will interfere with the gain, but at a year old a healthy child will weigh about three times its initial weight.

We now come to the great question of the method in which food is to be given to young babies. By a bottle? Yes; but what sort of a bottle? Remember that the greater part of the ills from which a hand-fed infant suffers are produced by the bacteria (or their products) that are found in milk that is not perfectly pure and fresh, and that these bacteria have a favourite breeding-place, so to speak, in a dirty bottle or in unclean rubber tubing and teats. There is one type of bottle which ought to be forbidden by our sanitary authorities, but which is dear to the heart of the indolent and careless mother and nurse—I refer to the flattened variety with a long indiarubber tube, which sits so nicely in the baby's pram, or can be popped into bed with the child, which is then left to suck it at leisure and more or less intermittently by the hour together.

It is impossible to clean the tubing except by boiling, and do you suppose any ignorant woman can ever be persuaded to do this after each of the baby's meals? Sir Lauder Brunton somewhere says that this type of bottle is answerable for more deaths than were the Napoleonic wars! Again, the proper heat for a baby's food is about 95° Fahr. to 98° Fahr., and as it must learn not to gulp down its milk too quickly, the nurse should have at hand a basin of hot water in which to dip the bottle from time to time in order that its contents do not become too cold before the baby has finished them. Cold milk will produce colic and flatulence, and this must be expected if the child is left to suck at one of these indiarubber-tubed abominations.

Another reason, if one were wanted, for condemning this type of bottle lies in the want of rest between meals from which the stomach of an infant so fed suffers. You must always endeavour to teach a child to take its proper amount of nourishment at certain hours, for this habit will go far towards helping the development of good digestive powers for after life.

The best type of bottle which I have seen is that known as the "Allenburys' Feeder." It has an opening at each end so that it can easily be cleaned, its shape is such that the nurse must hold

previous page next page