

## Duties of the Nurse with Regard to the Artificial Feeding of Infants.

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A short time ago the BRITISH JOURNAL OF NURSING called our attention to a cutting from another paper advertising for a "nurse accustomed to bottle babies." The wording is at first sight certainly a little peculiar, but when one has become accustomed to the word "bottle" in its adjectival capacity towards babies, it is most expressive.

Those who have much to do with the nursing of sick children know that the responsibility entailed by looking after "bottle babies" requires patience, care, and a power of minute observation almost unequalled in any other branch of the nursing profession.

Except in cases where medical direction is given to the contrary, a mother should have it firmly impressed upon her that no method of "artificial feeding," however excellent, can ever equal that supplied by Nature.

It need hardly be mentioned that the old-fashioned form of feeding-bottle (Fig. 1) with a long rubber tube, impossible to keep clean, cannot be too strongly denounced. Undoubtedly the best kind of bottle is that supplied by Messrs. Allen and Hanburys for 1s. 3d. (Fig. 2). The rubber teat (Fig. 3) is simply slipped over the neck of the glass bottle, which is graduated in ounces, and has an opening at the other end fitted with a rubber valve (Fig. 4) which regulates the inflow of air as the child sucks out the milk. The bottle is so shaped that there are no corners or ridges, difficult to clean. Full directions as to the proper adjustment of the three separate parts of this bottle are included in the box containing it.

Immediately after use the valve and teat (the latter should be turned inside out) must be

thoroughly cleansed under a running tap of cold water and the bottle also thoroughly flushed out (Fig. 5), and the three separated portions placed in a clean bowl of freshly drawn water in which a little bicarbonate of soda has been dissolved.

The cleaning of the bottle should never be delayed, as the food still adherent will speedily decompose, cleansing will be rendered more difficult, and sterilisation be necessary. It is a good plan in any case to sterilise the three parts once in twenty-four hours by placing in a vessel of warm water, which is then brought to boiling point, and so continued for five or ten minutes. The nurse, who has more than one bottle baby under her care, must be scrupulously careful not to interchange the teats; a tiny tumbler, or even an egg-cup, should be apportioned for each infant and clearly marked with its name, and the respective teats placed therein.

Most London doctors prefer that the milk used for feeding infants should be sterilised. A simple method of doing this is to place the milk in the inner compartment of a double saucepan (Fig. 6), the inner and smaller compartment rests in the outer jacket containing water, and the whole, with the lid carefully adjusted, is placed over the fire until the water boils, and after five minutes removed. This process renders the milk sterile, and minimises the disadvantages which are

produced by the simpler method of boiling, the chief of these being, that boiling makes the milk less digestible. Pure milk should give a neutral reaction when tested with litmus paper, but London milk is, as a rule, slightly acid, frequently owing to the addition of boracic acid, which the purveyor adds to keep it from turning sour. It is generally ordered that this acidity

be corrected by the addition of soda bicarbonate, until the neutral reaction is obtained. Infants should be nursed while being fed (in winter by the fire) and before giving the feed, the nurse should see that the child is dry and comfortable; it is a bad plan to change any necessary article of clothing after the feeding, it should always be done beforehand. The food should be given at a temperature of about 99 deg. F., the bottle being held at such an angle as to ensure the opening of the teat being completely covered

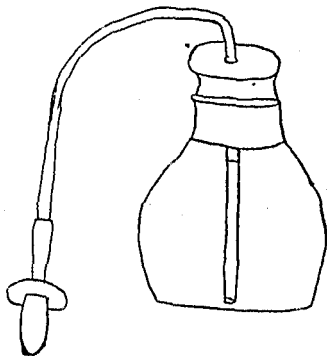


FIG. 1.



FIG. 2.

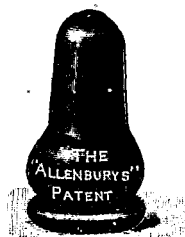


FIG. 3.



FIG. 4.

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