

subjects; (3) the notification of all births within 48 hours to the medical officer of health; (4) measures for the better protection of infants, such as the strict supervision of illegitimate and farmed-out children; (5) measures operating through the mother, such as the feeding of expectant and suckling mothers; (6) measures for providing a pure milk-supply for hand-fed infants; and (7) measures for promoting cleanliness outside the homes. Dr. Howard-Jones considers that in the past too much attention has been paid to the provision of pure milk depôts instead of obviating the necessity for them by inducing mothers to nurse their offspring. He suggests that the midwives in practice in the town should be asked to cooperate in the work of persuading their patients to adopt breast-feeding, and that there should be an organised system of visitation of the mothers for the purpose of educating them in regard to infant and domestic hygiene.

Home Modification of Milk.

Sister Amy, Superintendent of Nurses at the Children's Hospital, Boston, writing in the *American Journal of Nursing*, concerning the home modification of milk, says: One of the most important things to teach the mother or nurse about this is that everything that will be required for this work must be bought for the purpose and kept separate from all common kitchen utensils and scrupulously clean. In the first place, it is desirable to have a small nursery ice-chest, if possible (these cost about five dollars—£1 0s. 10d.), to keep cream, milk, and modified milk in, and to be used for nothing else. This must receive most careful daily cleansing with soda water, and be kept in a clean, cool room. Quart glass jars, or bottles with wide mouths, are best for preparing milk or cream. These must be boiled each day before use, putting on in a clean kettle or saucepan in cold water, and bringing to a boil. The hands must be thoroughly washed before handling them. It is desirable to have a clean, light room, apart from the house kitchen, where mixtures can be made. We must instruct the mother to put on a clean apron, to scrub the table or put on a clean table-cloth (well ironed), to wash her hands, and everything that she is going to use, and to keep separate glass towels, freshly laundered daily, ready for use. Besides glass quart bottles, she will need a teaspoon, a tablespoon, a quart measure or glass graduate, a two-quart agate saucepan, a Walker-Gordon pasteuriser, with bottle-rack or steamer; a funnel, a two-quart pitcher, and absorbent cotton.

Milk may be placed in a glass jar for twelve hours. If fat is not removed the whole quart of milk equals four per cent. fat.

There are three ways to remove cream from glass jars:

1. Pouring.
2. By dipper.
3. By siphon.

The physician's prescription for the modification of milk may call for:

Top Milk	4 ounces
Whey	20 ounces
Lime Water	2 ounces
Water	8 ounces
Milk Sugar	3 tablespoonfuls

Put six ounces in each of five bottles. Pasteurise at 167 degrees.

The sugar of milk must be measured and put into a clean quart bottle, and the right amount of boiling water poured upon it. It is then covered and set away to cool; the fat-free milk, and cream are then added. The mixture is then pasteurised at the temperature ordered, cooled, and kept in an ice-chest. The cooling must be done slowly. If taken directly from the pasteuriser and placed on ice, the sudden change of temperature, from 167 degrees to 32 degrees, tends to change the composition of the milk. It may be cooled by placing under running water, starting with warm water, and then adding cool as fast as possible, the whole process taking ten minutes.

To make whey, add a teaspoonful of essence of pepsin or liquid rennet, or a junket tablet, to a pint of skim milk. Heat at blood heat, about 100 degrees Fahr., until it coagulates. Break up the curds with a spoon or fork. Strain through a handkerchief. What goes through is whey. Heat whey to 150 degrees Fahr. before mixing it with the cream.

When a feeding is required, the mixture is measured and poured through a funnel into the bottle. A cotton stopper is put in, and the milk heated to 100 degrees. A clean nipple (which is kept in boiled water and soda bicarbonate) is placed on the bottle without handling the pointed end, the bottle is done up in a cosy or napkin (to keep warm), and taken at once to the baby, without handling or infecting the nipple by allowing it to touch the bed-clothes or the baby's clothes, etc.

The baby must be held during the entire feeding, which should take from eight to fifteen minutes, and it should not be amused or distracted from the business of feeding. If the baby takes the food too rapidly, the hole in the nipple is too large, and a new nipple should be purchased. The nipple should be tested by tipping the bottle upside down, and if the hole is the right size the milk will fall drop by drop. If it runs in a stream it is too large. A hole is made by sterilising a number 9 sewing-needle red hot and puncturing. This operation may have to be repeated once or twice. After feeding, the bottle and nipple must receive immediate attention, washed thoroughly in running cold water, then in hot soap-suds, the nipple turned inside out, and then replaced in soda solution, and the bottle filled with cold water. Once a day the bottle and nipple must be boiled, and all new nipples must be boiled before using.

The Bradford Union Maternity Hospital has been approved by the Central Midwives' Board as a Training School for Midwives.

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