

at first, as time goes on it will be possible to retract it more and more until retraction is complete, and the smegma can be cleared away. In these cases circumcision is not necessary. But I do say this, that if the orifice is so small as to prevent the possibility ultimately of complete retraction and clearing away of retained smegma the child should certainly be circumcised. For even if there is no immediate trouble with regard to passing water and taking the breast, there are various other troubles that frequently result subsequently. In the first place owing to the adhesions and the contracted orifice the child has to strain more or less in passing water, and the phimosis thus becomes a frequent cause of inguinal hernia. Many cases of inguinal hernia in young infants can be cured by performing a circumcision. Then again, if the prepuce cannot be retracted, the smegma præputii accumulates and becomes inspissated, and is a source of constant irritation. Even in young infants I have found large, hard masses of inspissated smegma. This constant irritation results in enuresis and constant erections, and later on in masturbation. Many cases of masturbation in young children have thus originated. In other cases various reflex nervous symptoms are produced, sometimes even epileptiform convulsions, and I have several times seen cases of paresis of the lower extremities so caused. A child of two or three and running about has entirely, to use the mother's expression, "lost the use of his legs," and the trouble has been quite cured by circumcision. Hence there are many strong reasons in favour of circumcision, and I do not know of one single one against it.

These, then, are the chief causes of refusal to take the breast on the part of the child—tongue-tie and phimosis. There may also be causes on the part of the mother, and when the nurse has satisfied herself that the cause does not lie with the child, she should examine the mother's nipples and breasts. Sometimes the trouble is merely that the breasts are over-distended, and the milk will not flow freely. The child at once resents having to struggle for his food, and will not suck. This trouble is easily remedied by drawing off an ounce or two of milk with a breast-pump before putting the child to the breast. Another frequent cause is that the nipples are small and ill-developed, and will not protrude far enough; and it is astonishing how far a baby requires the nipple to protrude and how obstinately he will refuse to try and suck through a small retracted nipple.

If you watch a baby suckling you will observe that he does not merely take the nipple

in his mouth, but takes a mouthful of breast as well, so that the apex of the nipple lies near the back of his soft palate, and this is apparently what the child demands. He then not only finds it easy to suck but also to compress the breast at the base of the nipple where there is practically a reservoir of milk between his gums, and so press the milk into the nipple. Hence small retracted nipples are a cause of endless trouble, which is only remedied by applying a glass shield over the nipple with a rubber teat fitted on to it. As a rule the child will suck freely through this without any further trouble, the mother pressing the shield firmly on to the breast with her fingers to prevent the ingress of air. Then, again, there are other cases in which the child takes the breast greedily, but shortly after begins to cry and scream and double his legs up, and often to hiccough and bring up air. This is very often due to the milk flowing too freely and the child gulping it down and swallowing a considerable amount of air at the same time, which causes indigestion and distension of the stomach. All that is necessary in these cases is for the mother to place a finger on each side of the nipple while the child is sucking and prevent the milk from flowing too freely.

Another cause of gulping down air is the presence of a slight nasal catarrh, to which babies are very prone, causing "snuffles." Under ordinary conditions, while a baby is suckling he breathes entirely through his nose, but when he has snuffles he is unable to breathe through his nose, but takes a few gulps rapidly, and then has to leave off to breathe through his mouth. This seems a trifling little matter, but often leads to a great deal of discomfort and screaming on the part of the baby, and to disturbed nights for mother and nurse. A great deal of relief can often be afforded by applying hot fomentations to the bridge of the nose and rubbing it gently to cause a flush of blood through the parts, and thus soften any inspissated mucus and enable the baby to eject it.

There are some cases in which, although every precaution that can be thought of is adopted, the breast milk seems to disagree with the child, and causes indigestion and screaming shortly after every feed. Many of these cases can be relieved by giving the child a grain or two of sod. bicarb., or better still, sod. citrate, immediately after each feed. The effect of this is to render the curd finer and more flocculent and much more digestible. In some cases, though very few, artificial feeding should be resorted to.

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