

take not less than fifteen minutes for its feed, and therefore the teat should be adjusted accordingly, the object being to ensure that instead of a large bulk of milk falling into the stomach suddenly, a gentle stream flows into the stomach and becomes intimately blended with the gastric juices.

Another very important factor is the interval of feeding. A quite young baby should be fed every two hours. At about three months of age that should be changed to an interval of two-and-a-half hours. Of course, if food is received by a baby before the processes of digestion of the last meal are finished, naturally it is liable to upset digestion in the stomach. Therefore it is advisable to see that the interval after feeding is of sufficient duration. As long as the young baby is doing well, at about three months of age, we make the interval two-and-a-half hours, and a little later on we make it three hours.

Another factor is that the stomach should be allowed to rest, and let me impress upon you the importance of training a baby as far as possible, so that it goes during the greater part of the night without food after it has reached the age of two months. You should manage to take a baby from 10 p.m. to 6 a.m. or thereabouts without food. I do not give that advice without the caution that it cannot be universally applied. There may be babies who cannot go so long, but other things being equal, it is well to let a baby sleep at night for as long as possible without food. As a rule, a baby managed in that way does much better, because the whole digestive system has the rest that it requires.

Then we come to the question of the vomiting of the curd, some time after food, which is such a frequent sign of disorder, as we see it in babies. That is a symptom which should never be neglected. It means that the food is wrong; it means that the whole digestive processes of the stomach are becoming perverted, and it means that we should deal radically with the symptoms by treating the cause. In practically all these cases, the vomiting is due to the fact that the food the baby is receiving does not compare with mother's milk of a good quality, does not meet the requirements of an infant's food, and is being vomited by the baby because it can do nothing else with it. The injuries that are finally sustained when this vomiting is allowed to continue for a considerable period are very serious. Very often after a period of gastric disorder of this kind, intestinal disorder arises, and then we have the baby very ill, its stomach out of order, its intestine also out of order, and we are compelled to use the greatest efforts to

get this put right, handicapped as we are by the pathological condition of the stomach and intestine. If the vomiting is allowed to continue, a very troublesome condition arises, that is to say, dilatation of the stomach. It is one of the most difficult and tedious conditions to treat in a baby. Dilatation means that the stomach wall is stretched, that it has less than normal contractility, it is no longer the healthy organ it was, at times it is allowing masses of food to ferment without vomiting, at other times large amounts of curd and fluid are vomited. For the treatment of this atonic condition where the stomach is stretched and loaded with fermenting materials, one has very often to resort to the method of stomach washing by means of the stomach tube. It is useless to put any good food into a stomach in the condition I have described, and therefore we pass in a tube, and through the funnel pour a certain amount of water, with some bicarbonate of soda to dissolve the mucous, and place in it some ounces, according to the size of the stomach and the age of the infant. We then allow that fluid to flow back and wash out the stomach two or three times, so as to get it clean and in as healthy a condition as possible before administering food. In these cases it is the amount of proteids or fat that is generally the difficulty. Inadequate amounts of fat or proteids do not as a rule cause vomiting, but when there is excess of proteids the stomach vomits them, and in addition there is another tendency likely to arise. As a result of this constant vomiting, the stomach becomes highly irritable, so that when you proceed to give a proper food, you may find that the infant has a marked tendency to vomit.

I have already referred to the cardinal point in the treatment of vomiting, characterised by the expulsion of large amounts of clear fluid. As a rule, after a brief preliminary treatment, one has to give a fair amount of fat, and in order not to irritate the stomach a small amount of proteids, but in all these cases, where you have the regurgitation of clear fluid, a considerable time after feeding, you should remember that it is the general condition of the infant which most requires attention, and as soon as the general nutrition of the baby is improved, this symptom will gradually disappear.

*(To be concluded.)*

With the conclusion of the above lecture the series by Dr. Vincent will come to an end. Mr. Macleod Yearsley's lectures conclude this week. Both series have been greatly appreciated.

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