

The Milk Problem.

Dr. Ellis M. Santee, in an article in the *Dietetic and Hygienic Gazette* on the above problem, which is of vital interest to midwives in their work, says in part:—

In attempting to solve this problem, have we not begun at the wrong end of it? Of course it is a question of education, but should the education not begin with the consumer rather than with the producer? Let the physician, the nurse, the father, the mother, go into the average dairy stable and then follow the product through to the time that the infant gets it, and what a number of changes would soon take place. Tell the ordinary producer that he must clean up and produce better milk, and if he does it at all he will do it sullenly; he will comply with the letter rather than the spirit of the law, and will evade that as often as possible; but let the consumer change the source of supply because he wants a better product, even though he has to pay a little more for it, and how soon the man who lost that customer will get busy.

Then, too, too much has been charged up to the producer that did not belong to him. Many a fine sample of milk has been ruined by the dealer, after it left the farm, or in the home after it left the dealer. No milk should ever be poured or dipped from one vessel to another while in the street, but it should be cooled to a point below 50 degs. Fahr. at the earliest possible moment after it has been drawn from the cow, then bottled, sealed, and kept cold in the original package until feeding time.

Do not buy pasteurised milk, but if you cannot afford milk that you know is free from disease producing germs, pasteurise it in the home, by quickly raising the temperature to about 165 degs. Fahr. just before feeding, and do not save any that is left over for the next feeding; rather use it for culinary purposes.

Then what about that nursing bottle? Is it cleaned after each using? And is it so constructed that it can be made clean? I will venture the assertion that not one out of fifty is ever again clean after the first using.

When the consumer has learned to properly care for the milk in the home, then let him visit the city plant where it is handled, and the country plant where it is produced, remembering all the while that the stable is more than a cow stable; it is a kitchen in which each day is being prepared his infant's breakfast for the next morning, or possibly for that of the second morning, asking himself all the time how he would like to have his own breakfast prepared there. If his breakfast were prepared there he would not relish it, even though it were cooked there, it would be cooked and all danger removed, while the breakfast for the baby would get worse rather than better after leaving the stable.

It seems to me that this whole question is up to the physician and the nurse; and, from the nature of the questions usually asked at medical meetings, I am inclined to believe that more attention should be given it in the medical colleges.

Now, for fear that I may be accused of pointing out the disease and not the remedy, I will give the following as one of the good ways of caring for the nursing bottle in the home. Immediately after using, rinse with warm, not hot, water; wash with some purifying compound or plain soda, never soap; rinse thoroughly with hot water; fasten a piece of clean cotton cloth about four inches square over the mouth of the bottle by a clamp made of spring brass wire; place in hot oven for one hour; do not remove cloth until ready for use. Avoid the old-fashioned long tube nursing bottle as you would a pestilence. You may say all these things take time; yes, but it is cheaper than doctor's and undertaker's bills.

THE CARE OF INFANTS.

The booklet on "The Care of Infants," issued by Mellin's Food, Ltd., Marlborough Works, S.E., to which attention was directed in our issue of last week, will be sent free to any of our readers who apply for it, mentioning this journal.

AN INTERESTING EXHIBIT AT SHEPHERD'S BUSH.

So many people who visit the White City at Shepherd's Bush enter the Exhibition by the Wood Lane entrance that they miss a very interesting exhibit in the gallery which runs from Shepherd's Bush to the main portion of the exhibition. About half way through, on the right hand side, is the exhibit of the Société de l'Allaitement Maternel de France, unmistakably recognised by the striking model of a woman with an infant in her arms, waiting for admission at the closed doors of the institution. The group is wonderfully carried out, and the expression on the face of the mother, pleading and anxious, is pathetic in the extreme. Though neat, she is evidently poverty stricken, and the opening of the door at which she is gazing so earnestly represents to her succour for herself and help for her child. The exhibit will certainly do much to arouse an interest in the work of the Society which has placed it there.

POISONED WITH DECOMPOSED FOOD.

The effect of decomposed food as an article of diet for an infant was exemplified in the case of a child of six months, which died in the Infants' Hospital, Vincent Square, S.W. The child had been put out to nurse with an old woman of 71 who never had an infant of her own. Dr. Ralph Vincent, senior physician to the Infants' Hospital, said, at the inquest on Monday, that when admitted on August 1st the child weighed 11 lb., and its condition was very fair. It was taken in to be dieted, and in 20 days had gained 4 oz. On August 28th, when it left the hospital, its weight was 11 lb. 12 oz., but when he saw it on September 3rd it was in a desperate and dying condition, and weighed only 10 lb. It was obvious that the baby had been poisoned with decomposed food. Humanly speaking, if the child had been reasonably fed it would unquestionably have been alive now. It was the most violent case he had ever seen.

[previous page](#)

[next page](#)