

## Society of Infant Consultations.

By H. RONALD CARTER, M.D.

This Society has been formed with the object of bringing into closer relationship all those engaged or interested in the work of Infant Consultation Schools for mothers, and allied institutions, in various parts of the country. The holding of a medical qualification is not essential for membership of this Society. Health visitors, district visitors, and others are particularly invited to join. Its aim is to promote the establishment of such institutions and to advise as to their organisation. Meetings will occasionally be held, when papers will be read on subjects germane to the work. Records will be kept of the experience gained by individual workers. Statistics and literature bearing on the subject will be gratefully received and filed for reference. The Society hope to be able to institute a uniform system of note-taking, and they will also endeavour to place the management of these institutions under direct medical control. The Society has already received great encouragement, and the list of membership increases daily. Nurses and midwives could obtain much practical knowledge in infant feeding and hygiene if they made a point of attending an Infant Consultation. It is intended that lectures and demonstrations should be given by those conducting a consultation. Communications should be sent to the Hon. Secs., Dr. Ronald Carter, 11, Leonard Place, Kensington, W., or Dr. Janet Lane-Clayton, 69, Prince of Wales' Mansions, Battersea Park, S.W.

The insidious manner in which digestive disturbances show themselves, and the importance of the early recognition of symptoms pointing to malnutrition, are points which are well exemplified in the cases which attend at these institutions.

The public have realised the value of preventive measures, and before long will insist on provision being made for their adoption in all parts of the country. The weekly attendances alone show how great is the demand for this kind of work among the poor. I will indicate the practical use of these consultations by referring to my own experience in North Kensington.

For the last three years in the case of breast-fed infants I have employed Professor Budin's method of weighing the baby before and after its feed on very accurate scales, and so ascertaining the quantity of food the infant receives.

I frequently have infants brought to me who have been artificially fed from the first week of life, owing to the belief that the breast milk

has "dried up" on the fourth or fifth day. I regret to say that some of these cases come from maternity institutions. I am sure that no one, however skilled in maternity work, can possibly tell apart from this "test feed," whether an infant obtains a small quantity from the breast or not. To show how mistakes can be made, I will quote the case of an infant born in one of our maternity hospitals.

The baby was 2 months old, and weighed 7 lb., it was very wasted, and was having the bottle. The mother told me her milk had disappeared on the fourth or fifth day, and that the nurse said she must feed the baby on the bottle. The financial problem on leaving the institution worried the mother a good deal, so she put the child to the breast now and then "when the nurse was not looking." As it was 2½ hours since the child had been fed, I arranged for a test feed. The result showed that the infant obtained 2 oz. from the breast. I told the mother to stop the bottle, and feed only by the breast. The child did remarkably well, and there was no further trouble. Mistakes such as this could not be made if the "test feed" was employed in all doubtful cases.

The milk that is first secreted is called colostrum, and differs both in quantity and in quality from the subsequent supply. During this colostrum period the amount of milk secreted is always small. The milk is thought to "dry up" on the third or fourth day because at about this time the breasts, which have been hard, often become soft and smaller owing to the resolution of the gland cells into a colostrum-like secretion. Now this colostrum period may sometimes last for 10 or even 14 days before an adequate supply of milk containing the satisfying casein makes its appearance; in such a case the infant will very likely not be satisfied, but that is no reason why we should jump to the conclusion that there is no milk, and that, therefore, it is useless to continue breast feeding. Some feeds from the bottle may be necessary to supplement the breast feeds at this period such as peptonised milk or whey or cream, but the child should continue to suck at the breast and soon the quality and the quantity will change. The reason why the woman I have just quoted retained her milk was that the breast continued to be stimulated, and at last the supply was adequate for the infant's requirements.

I have seen many cases of dyspepsia and wasting in infants, who have never had a chance of passing through the colostrum period, but have been fed on milk mixtures from the very commencement.

[previous page](#)

[next page](#)