

MEDICAL MATTERS.

FLIES AND INFECTION.

A fourth report on flies as carriers of infection, issued recently by the Local Government Board, and published by Wyman & Sons, contains a continuation of Dr. Graham-Smith's experimental work on the relation of flies to bacteria; an investigation of their relation to parasitic worms by Dr. Nicoll; and a series of observations on the flight of flies by Dr. Copeman and others.

The primary object of Dr. Graham-Smith's experiments was, says the *British Medical Journal*, to ascertain whether flies could infect fluids, such as milk, on which they feed. As in many other instances of a like nature, the experimental demonstration of this point seems at first sight superfluous. If one can infect milk by inoculating it with a platinum needle or a brush, there appears no reason to doubt that the same can be done by means of a fly. The important point in the investigation, however, is the determination of the length of time during which such a fly may remain infective. In the case of the house-fly it is shown that this may continue for at least eleven days, and that with non-sporing organisms the infection is conveyed in the alimentary tract of the fly, but with spore bearers, such as *B. anthracis*, the legs and wings remain infective for a like period.

THE ABILITY OF MOTHERS TO NURSE THEIR INFANTS.

The question has been lately much discussed whether there is a decreasing ability of mothers to suckle, and the *Lancet* reports that before the Berlin Medical Society Professor Frantz read a paper on the subject. He said that many practitioners believe that a great many mothers are unable to suckle their infants; these views are, according to the author, erroneous. There may be some difficulties in certain cases, but a physiological inability to suckle does not exist. It is always possible to overcome these difficulties by patience, and to produce a sufficient lactation. In the lying-in hospital of the University of Berlin, of which Professor Frantz is the director, the infants are given the breast, as a rule, 20 hours after birth, five times daily for ten minutes, but not during the night. For lactation the form of the breast and of the nipple is without importance; suckling is possible with every form of breast. It is essential that the puerpera should receive from the first day nutritious food and be allowed to

move in bed. Only tuberculosis is a contra-indication against suckling, but not merely a passing feverish state. In Professor Frantz's hospital in Berlin, and formerly in Kiel, 100 per cent. of the mothers were able to suckle their infants. Professor Heubner stated that in the infants' asylum under his care 83 per cent. of the mothers were able to suckle till the end of the third month, the time when they must leave according to the rules of the institution. Of the remainder, 17 per cent., in some cases the secretion by-and-by completely ceased; in some cases the lactation was at first very satisfactory, but became after some weeks rather scanty; in another series only 300-400 grammes of milk were secreted from the beginning and no increase could be obtained, so that cows' milk must be added; in the last series the secretion was at first insufficient, but later increased, sometimes only in the third month, so that the cows' milk could then be dispensed with. Professor Heubner was also of opinion that, apart from some exceptions, a physiological inability to suckle does not exist. Dr. Finkelstein said that in private practice the conditions differed from those in public lying-in hospitals or infants' asylums. It would, of course, be of the utmost importance if the necessity for wet-nurses could be done away with, as syphilis is more often conveyed by them than is generally believed. It is, however, often impossible for the practitioner to induce mothers to nurse, and if he insists he would certainly often lose his patient and be replaced by a more complaisant medical man. Also a certain number of infants can by no means be induced to take the breast. In private practice mastitis is more frequent than in asylums, the reason being that the infants are given the breast too often and that the nipples are irritated by a too violent mechanical disinfection. Dr. Kassel and Dr. Keller stated that in their asylums nearly all the mothers were able to nurse, but that sometimes the milk became deficient in the third or fourth week. Dr. Aschoff said that it was, of course, possible for every mother to secrete a certain quantity of milk within the first days, but he did not believe that every woman could nurse her infant, if nursing means providing a sufficient secretion for at least five to six months. In asylums, as stated by Professor Heubner, when the secretion of the mother is so small, they make the infant take the breast of another woman too, but this is, of course, not available in private practice, and a wet-nurse is then required. In his experience 20 per cent. of mothers are unable to produce a sufficient quantity of milk. He

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