

automatic method of nourishing an infant; all that has to be done is to put any odd scraps of food into the maternal machine, and out comes the only absolutely perfect food for infants that has yet been invented, a food not only perfect in quality, but also perfectly adjusted in quantity to the infant's needs. There never was a greater mistake, and it is only those who have never had any real experience of the management of breast feeding, and have never watched its effects carefully, who speak in this way. After many years' careful study of the two systems, I have definitely come to the conclusion that it is far more difficult to manage breast feeding than it is to manage artificial feeding; but the things in this world which are most worth getting are not usually most easily attained. Because breast feeding is difficult, and in the end gives the best results, surely that is why we should put all our energies into its management. Breast feeding is, of course, the best method, but I repeat it is the most difficult method. I cannot place statistics before you, but I am sure I shall not over-state the case when I say that more than 50 per cent. of all infants who are started on the breast are taken off it before the fifth month, either because the milk entirely fails or the infant does not thrive, and this is due to mismanagement somewhere or somehow. Infants thus seriously handicapped at the start of life are necessarily referred to artificial methods, which, however good or however bad, almost invariably get the blame for the unhappy results. Such results can largely be avoided if breast feeding is conducted on scientific lines, on the lines that can easily be followed at an Infant Consultation. If a breast-fed infant is brought to us at an Infant Consultation because of wasting, there is no need to wring our hands and despair, and resort to artificial feeding. Each case should be regarded in the light of an interesting problem: Why is it wasting? Is it fed too often? Is the food insufficient in quantity or excessive, or is the quality bad? Too frequent feeding is a most prolific source of trouble. We often find that with a gradual extension of the intervals of feeding the child improves in condition without making any other material change. Insufficient feeding is also a very common cause, very much more frequent than excessive feeding. Every breast-fed infant, whether it is doing well or badly, should be given a test feed—that is to say, it should be weighed before it is fed and again after it has been fed, and by the difference between the two weighings estimated in this way, and in this way alone, can we become acquainted with the amount of milk an infant obtains from its mother. I show you

here certain tables, which prove that the amount of breast milk which infants of the class who attend at the Consultations in London obtain is enormously below the generally accepted standards. These tables show why the nutrition of breast-fed infants is often so bad, and why they go from bad to worse when they are referred to artificial feeding which is based on the ordinary estimates with regard to quantity. One of the great essentials in the management of breast feeding is to know under what conditions and to what extent the natural supply should be supplemented by artificial feeding. In my own clinics I should say that more than 80 per cent. of breast-fed infants receive supplementary feeds before they are five months old. I would particularly commend to your notice the scales shown in the St. Marylebone Dispensary's exhibit in the hall. These scales are particularly designed to weigh accurately to one drachm avoirdupois, or, in other words, to half a teaspoonful of milk—but they are not so delicate as to make it a tedious or difficult matter for unskilled persons to use them.

Now with regard to the quality of the milk supplied by the mother, I feel tempted to speak at great length, for it is due to this that infants often fail to thrive. The management of the health of the mother is a most important duty of the medical officer, and a most difficult one unless he or she sets about acquiring the necessary knowledge with system and determination. My own personal experience shows that constipation and anæmia on the part of the mother are prolific sources of bad milk and malnutrition in the infant.

Now with regard to the artificial feeding of infants brought to our Consultations. I take it that one of the most important functions of such institutions is to treat the infant individually; not to feed it by rule, by formula, custom or weight, but to feed it as an individual with specific requirements. Infants will not shape themselves into standard moulds, and consequently cannot be fed by average tables. One of the objects of Infant Consultations is to give a decent and respectable quietus to leaflets on infant feeding, for under cover of these many a conscientious and persevering mother unknowingly does her infant to death. To a certain extent I believe leaflets on infant feeding are necessary evils, but they are evils which should be reduced to a minimum, and they should contradict one another as little as possible. Our association has been at considerable trouble to draw up a leaflet which shall offend against as few of the cardinal principles of feeding as possible. It is not too dogmatic, and in cases

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