

which constituent, as you know, the coagulation of the blood depends, and also those plastic adhesions I mentioned recently as recurring after inflammation affecting any of the serous sacs. The natural fruit salts, such as citrate of potash, tend to check this tendency to over-coagulation in the blood (if we may so call it), and by rendering it more limpid and flowing some of the worst evils of inflammation are averted. Thus we say many fruits and water are fever-foods.

The next alimentary substance to which we have to turn our attention is milk. How are we to get it *pure*? and how are we to *keep* it pure when we do get it? This question of milk purity is beset with difficulties greater than those of the purity of air and water, for we have far less direct control over them.

In country cases—especially if you are nursing a country lady—we have no trouble to get milk fresh from the cow, and then we can dilute or deal with it according to medical direction. But in London and large provincial cities it is far otherwise, for we have but a very slender guarantee as to its immaculate virtues. In the first place, in dairymen's milk we have to put up with a deficiency in the natural quantum of *cream*, a most valuable constituent for our sick. Nor need we be surprised at this, for otherwise what would become of the cream of commerce unless for some such robbing Peter to pay Paul arrangement? Then, again, how often we become anything but *gratefully* aware of the *services* of that invaluable beast to our friend the dairyman—the cow with the iron tail! Then, again, we have to put up with the risk of “mixed” milks, the product of divers cows at different epochs. I am aware we can order a “separate” supply from the milk-shops, but we have no guarantee as to the fulfilment of the stipulation, and it has often been “borne into my mind” that the only thing “separate” about it is the can it comes in. Servants are often careless in the matter of milk, and put it into dirty jugs, or leave it about in the kitchen, instead of putting it in a cool larder or cellar.

I mention these details to show the difficulties the Nurses have to encounter in private houses over that supremely important article of diet for our patients—pure milk.

What is milk? Water holding in solution the peculiar albuminous substance called casein, to which milk owes its colour and opacity, various saline ingredients, and a certain form of sugar (glucose) having fatty globules suspended in it, and these globules being lighter than the rest of the fluid, float to the top when the milk is at rest, and we call them cream. In this wonderful compound we find every element for building up the

human frame—the tissue-forming albuminoids, the saccharine matter that seems to have something of the properties of a digestive substance or natural peptone, earthy salts that form bone, and the oleaginous or fatty particles that support combustion—animal heat. Can we be surprised then that Nature ill brooks interference with her consummate arrangements? The component parts of milk can be separated by adding an acid, or a calf's rennet, the casein being the solid, the whey the fluid constituents. There is a great difference between the “curd” of cow's milk and the “curd” of human milk, the former being firmer, and the latter looser and more flocculent; and it is this difference in the “curd” that is a matter of such importance in infantile feeding, as we shall see when we come to “our” baby. Having brought before you the supreme importance of milk to our patients, let us see as Nurses how we can help to get it pure and keep it so. The only thing we can rely upon to tell us the truth about it is our lactometer, which, with the test glass to mark the quantity of cream, every Obstetric Nurse should understand the use of, and have one of her own, as the whole apparatus only costs two shillings, and lasts for years with care.

First as to the lactometer, it is a slender glass stem four inches long, having enclosed in it a graduated scale, on one side of which is engraved five horizontal black lines, placed at regular intervals and having the figures 1, 2, and 3, respectively placed *above* them. Above the top-most line marked on the scale 1 is letter W, which stands for water; above the *lowest* line is the little M, which stands for milk, and then, the letter S, which signifies specific gravity (of milk). Below the stem is a hollow glass cylinder, three inches long, narrowed at the ends and about three inches in circumference. At the lower end of this cylinder is a glass bulb filled with mercury.

The secret we want our trusty little friend to tell us is how much WATER “Mr. Chalk” has *put* into the milk—stay, I must modify this somewhat incautious expression. Mr. C. may take in the *Record*, or this luckless sheet may come in with the family butter, and his eye alighting thereon his ire may be aroused, and he might bring an action against your humble scribe “for defamation of character” with respect to the immaculate purity of the interesting fluid he distributes. “Chalk *v.* Obstetrica” opens up a vista of woes too awful to contemplate, so to avoid “friction” in that quarter, I will say, “how much water *got* into the milk” (of its own accord, and *quite* without the knowledge of Mr. C.).

Putting our lactometer into a quart basin or jug of milk, we watch events; if it floats at the Fig. 3 at the lower end of the tube, the milk con-

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