

that it must remain quiescent, whilst the nurses of other countries are up and doing? Not a bit of it. We need quite a tidy little sum of money to organize our exhibit, to transport it, and if possible provide a capable nurse who must be entrusted to see it through the Customs, and arrange it to its best advantage—otherwise half its value may be lost.

We propose our National Executive puts its case before the public. It is inconceivable that the Art of Nursing is of so little account to the community that members of it will not come forward, and help us to do this useful piece of international humanitarian work. Anyway, we will invite them to do so, and in the meanwhile get our exhibit ready. We will certainly accept the invitation to present the Mortuary exhibit, and show how we care for, and reverence our dead, and how the feelings of the bereaved ones are tenderly considered by the hospitals in this country. But if British Nursing is to keep its place in the front rank in our profession, on this important occasion, we must do more than that. Our exhibit must be as perfect as possible, and thus honour the memory of the great Founder of Modern Nursing, and do justice to the skilled and devoted work of the rank and file.

OUR PRIZE COMPETITION.

IF A MOTHER IS UNABLE TO NURSE HER INFANT
WHAT ARE THE BEST ALTERNATIVES?

We have pleasure in awarding the prize this week to Miss Dora Vine, Exmouth.

PRIZE PAPER.

If the mother has milk, but it is impossible for her to nurse her baby, a teterelle may be used. If money is no object, and the mother is unable to feed her child, a wet nurse is the best alternative, provided the woman chosen possesses:—

- (1) Perfect health, age 20—35.
- (2) Firm breasts, well-shaped nipples, plenty of milk.
- (3) A child of the same age or rather older than the proposed foster-child, and who is thriving on her milk.
- (4) Good character.

If bottle feeding must be resorted to, one must remember that practically every baby can be successfully fed artificially, provided three essential points are carefully attended to. These are:—Punctuality, cleanliness, and suitable food.

(1) The infant must be fed by the clock, and the most reliable modern experience now advises three-hourly feeds.

(2) Cleanliness of bottle and teat is as important as the milk itself.

Humanised milk is undoubtedly the best substitute for mother's milk. It is made by modifying cow's milk in such a way that the maternal milk is copied as nearly as possible. This is done by adding water to diminish the proteid present in cow's milk, and by adding sugar and fat to replace that lost by the addition of the water. Milk sugar is often recommended, but good Demerara is preferable if there is any tendency to constipation. Fat is added in the form of cream. As the proportion of fat in the milk of different cows varies more than any other constituent, it is well to have the milk examined, and the proper proportion of cream can be then estimated. A chemist will do this quickly, and it is certainly worth while in cases where the baby is delicate. Barley water may be added instead of plain water to ensure a light curd. To make humanised milk scientifically, one must "set" one quart of new milk for seven hours. Ten ounces of the "top milk" is then taken off in a clean jug, and 18 oz. of the remainder is used to make whey. This is made by heating the 18 oz. of milk to 105° F., by placing the jug in a saucepan of hot water. A teaspoonful of good rennet is then stirred in. After three minutes, the curd is broken up with a fork, the jug replaced in the saucepan, and the whey heated to 155° F. (This is essential, or the milk made with the whey will curdle!) When 155° F. is registered, the saucepan is placed on one side for five minutes, and then the whey is poured off and carefully strained. While the whey is being made, 1 oz. of sugar of milk is dissolved in a little boiling water, 1½ oz. of lime water is added, and the liquid poured into the 10 oz. of "top milk." When the whey is ready, 12 oz. is measured off and added to the mixture of "top milk," &c. The result is humanised milk. Although this recipe sounds difficult when described in detail, it is undoubtedly a very good way of making humanised milk, and the *modus operandi* is soon learnt.

Most authorities have very decided opinions on the subject of artificial feeding, and it is certainly the best plan for any nurse to get expert advice as to any particular case. These recipes and notes are therefore given only in outline, as so much depends upon individual circumstances. For the very poor, I think most people who have had any experience of

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