

district nursing agree, that unless they can obtain good milk from a well-known dairy, and unless they can be trusted to modify it carefully according to instructions, it is better for baby to have one of the many excellent infant foods. This is so much realised by some councils, that poor mothers can obtain some form of dried milk, either free or at cost price, on the recommendation of a doctor or midwife. A still better plan is that adopted by the organisation "Nutricia," in Brussels. Any mother, on being obliged to feed her baby artificially, can consult the doctor belonging to the society. He will advise the diet for that particular baby, and every morning the feeds for the twenty-four hours are brought, in wide-mouthed round bottles. Each bottle, as required, is heated in a saucepan of hot water, and the teat fitted on. The bottles are called for in the evening, and are cleaned by electricity at headquarters. If the baby does not thrive, the doctor can be consulted, and some modification carried out. This organisation is doing a wonderful work, not only among well-to-do people, but also for the poorer members of the community, who can obtain "recommends" for milk to be supplied gratis, or at half-price. It is a scheme that could well be adopted in England.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Lily Barraclough, Miss Mabel Slater, Miss O'Brien, Miss M. Evans, Miss A. Jones, Miss Gladys Tatham, and Miss Grant.

Miss Gladys Tatham points out that boiling renders milk indigestible and innutritious, and infants fed on boiled milk have been found to develop tuberculosis more frequently than any others (see Reports of the Kaiserliches Gesundheitsamt, Berlin). She points out that babies are not machines, and that what will suit one will not suit another. Albulactin will be found invaluable as an addition to cow's milk in many cases. She mentions, what is often forgotten, that babies are often thirsty, and cry for this reason. At seven months some of Allenburys' special foods may be given, or Robb's biscuits, soaked in a little milk.

A baby's mouth must be carefully cleansed with boracic lotion before and after each feed. Unclean mouths cause thrush, stomatitis, and diarrhoea. Perfect regularity, cleanliness, and patience must be practised when feeding infants. Except a little water when thirsty, nothing should be given between meals.

#### QUESTION FOR NEXT WEEK.

How would you nurse a patient suffering from rheumatoid arthritis?

## ASEPSIS AND FEVER NURSING.\*

By A. KNYVETT GORDON, M.B. Cantab.

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(Concluded from page 409.)

Personally, I do not like the use of receiving rooms. It is quite possible for a case—we will again take measles as an example—to infect not only the room itself, but the clothing, &c., of the receiving nurse, and if another patient certified as a case of scarlet fever follows immediately on the first, he may quite easily contract the other disease, and even infect the ward to which he is admitted. It is better, in my view, to examine each patient in the ambulance in which he arrives. With a good portable light, this presents no difficulty, and any risk of infecting others is avoided.

But I do not wish to stray from my main point of view into details of administration and technique. My contention can be summarised quite briefly, and it is that from the time that a patient is certified as suffering from a notifiable infectious disease, it is the duty of the authority to safeguard him in every way, and that this includes not only that he should not be infected with a different disease altogether, but that there is a risk in placing him in contact with others nominally affected with the same complaint, which it is also their duty to avoid. Given this, it follows, I think, that the principle of asepsis—call it surgical cleanliness if you like, for after all it is from surgery that we have learnt it—must be maintained, and that the staff must be instructed in its details. It can no longer be held that safety lies in buildings alone.

I do not want to belittle the work of committees, architects, and others who have replaced the wooden buildings of old with the present structures, which are quite rightly the pride of their possessors, and of those who work in them. Far from it; in fact, I could address you with great enthusiasm on the evolution of the modern ward; but that is not my task just now. It is to the fever nurse herself that I now must turn.

Obviously it does not solve the problem to tell nurses that they must be aseptic. I want to show you that a great deal more is necessary. What is the position now? It is that there is a grave danger of the fever hospitals

\* Read at the Nursing and Midwifery Conference, London, April, 1914.

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