

was laid upon the importance of the frequent cleansing of the eyes, nose and mouth of the infant; this is done as a routine practice every time it is changed. There is also a strict rule enjoining the pupils to wash their hands before swabbing cracked nipples.

During the first day of life an infant is given sterile water only. In respect of artificial feeding several points of interest were discussed. The treatment for severe diarrhoea is to give, first 30 minims of castor oil to clear the intestinal track, and then give sterile water *ad lib.* for 24 hours and nothing else, this followed by albumen water; normal feeding is resumed very gradually.

In treating constipation the lecturer explained that castor oil was used very sparingly; a mixture of castor oil and olive oil was used, but a special infants' preparation of petroleum emulsion was a more favourite remedy. Of course, preventive measures in the form of increased fat, such as cream, were attentively used.

The tiny prematures in their cosy gamgee suits and esquimaux boots, with a bonnet closely covering the head, the whole thing beautifully made, came in for special admiration. These human atoms were fed on peptonised milk with lactose water.

Ophthalmia Neonatorum is treated by very frequent irrigation with saturated solution of boracic lotion and sterilised water, with an occasional 1 per cent. of protargol, which is a compound which is proving its efficacy. It is very soluble and highly penetrating, besides being a powerful antiseptic.

In the afternoon the party of Graduates divided up, one half going to the Infants' Hospital, over which they were conducted by the Matron. The colour scheme of the ward decorations is a sweet harmony of greens. The white cots with pink bows and pink coverlets made a bright and pretty contrast. Their occupants, however, supplied a very painful and unlovely contrast, many of them so ill and white and undersized, the victims, doubtless, of hereditary disease and ignorance. It made one's heart ache to look at them; but one was thankful that such a paradise for sick babies existed, where everything that care and kindness can do for them is so lovingly done.

These infants—all under a year old—are fed on modified milk. We were glad to see that the young nurses at work in this hospital were urgently directed by a public notice to protect themselves against infection.

On Friday, the first proceeding was a demonstration in the milk kitchen by Sister French, and the preparation of infants' feeds:

She prefaced the demonstration by remarking that it was a great mistake to imagine that any one of the many methods of feeding infants was the only way; there were twenty methods, and none of them were completely satisfactory. The more we know of infants, the less we know what to do for them in this respect. Some babies prosper on one method, some on another.

The usual practice at York Road is to sterilise the milk, though some few feeds are Pasteurised.

She referred to the vehement denunciation of cooked milk by Dr. Ralph Vincent, and said that while she entirely agreed with the theory, in practice it was impossible to proceed under the same conditions as obtain at Vincent Square. Failing these, we must do the best possible under the circumstances. The milk supply in England was probably as bad as anywhere; and taking into consideration the contaminated state of London milk, she held that it was necessary to sterilise it for fifteen minutes at a temperature of 112 degrees. Orange juice was given twice a day where the infant was entirely bottle-fed. Citrate of soda and bicarbonate of soda (of each 1 gr. to the ounce), is also added to each feed.

The demonstration was given in the new white-tiled milk kitchen, and the preparation of the feeds was carried out on up-to-date lines; two pupil midwives serve at a time for a fortnight on this duty. The whole of the feeds for the twenty-four hours are prepared at one time, sterilised and kept in air-tight bottles. The Soxhlet apparatus is used.

Sister French mentioned as a useful food in some circumstances the dried milk prepared by the cow and gate dairy.

The demonstration was well attended, and the space limit was severely taxed; all present should have been much enlightened on this most important subject. The early afternoon was spent in the College of Surgeons, and some most interesting specimens were pointed out and explained by the resident house surgeon and Sister Olive, who accompanied the party. On returning to the hospital, another delightful alfresco tea-party was provided, doubly welcome on account of the great heat of the day.

A photograph of the clinic and pupil midwives was then taken, and a vote of thanks to the matron, sisters and nurses was heartily acclaimed.

At five o'clock, Sister Olive gave her lecture, with as much vigour and enthusiasm as though the thermometer did not stand at 80 degs., and she had not passed a long tiring day, giving out to the clinic in addition to her own arduous work.

Her subject was "The Prognosis of Labour." She said that no prognosis of the duration, course or termination should be attempted without very careful history, notes and examination, with every small detail noted.

But she approved of making a prognosis; the "never can tell" were, in her opinion, lazy people. It was quite possible, of course, to have to modify the prognosis as labour progressed. She was always in favour of a hopeful prognosis, as the pessimist was bound to create an atmosphere.

Sister Olive made the excellent suggestion that midwives should make collections of notes of their difficult and abnormal cases. It would be an enormous help from the statistical point of view if some such collection could be made.

She concluded her most interesting and instructive lecture with the quotation, "Wrestle against Rust."

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