

tion was as good as the man who conducts it. It is, therefore, a matter for congratulation that there is a distinct tendency for the more highly qualified practitioner to take up this class of work. In London, and in some of the larger provincial towns, the same class of men or women who hold hospital appointments are giving their services to this new work, and certainly with no loss of dignity to themselves, for it is becoming more and more recognised that preventive medicine is one of the highest and worthiest branches of our profession.

To indicate how a change of methods can influence the mortality and morbidity rate among the infants on whom they are practised, I would give the following examples. In the year 1891, before the Nathan-Strauss Pasteurizing Milk Stations were opened in the old city of New York, the deaths from epidemic diarrhoea among children under 5 years of age were at the rate of 125 per 1,000 for the three months, June, July, and August. From the year of their institution until the present time the rate has been steadily falling, until last year it was reduced to the highly creditable figure of 38.

It is not claimed that other factors are not concerned in this result, as, for instance, the more exact measurement of the milk supplied to infants which the Nathan-Strauss system involves; but there can be no question but that the main factor has been the supply of clean, safe milk, instead of the highly dangerous and foul milk which was previously distributed in this quarter of New York during the summer months. Experience has proved that the precaution of sterilizing milk in the home with the same purpose in view has similarly been instrumental in decreasing the number of cases of diarrhoea in the hot weather; and to teach how this can be done efficiently is one of the functions of a school for mothers. Again, Dr. G. Variot, who has had a very wide experience in the medical supervision of a large number of infants at his Gouttes de Lait, Belleville, Paris, has been able to show that if sufficient care be taken in the management of artificial feeding the condition of nutrition at the twelfth month is not necessarily inferior to that of breast-fed infants.

Now to return to the experiences of the School for Mothers at Ghent which were characterised by my friend as being "too good to be true." I give these on the authority of Professor Porcher, of Lyons. In 1901 the death-rate of the infants attending at the Consultations was 260 per 1,000, a most appalling figure. Two years later, in 1903, sterilized milk was substituted for so-called fresh milk in the artificial feeding of those infants who were not breast-fed, and the death-rate fell to 140 per 1,000. In 1907 a system of domiciliary visiting was inaugurated, and the rate fell to 60 per 1,000. In 1908 dried milk was substituted for sterilized milk, and the rate fell to 34 per 1,000.

In consideration of the excellent results claimed for dried milk, I may add that my own experience

fully bears out the Ghent results. Since I have employed dried milk in the artificial feeding of infants, epidemic diarrhoea has had no terrors for me, as far as the artificially fed infants attending at my Infant Consultation are concerned. Even in the year 1911, which, owing to the heat, was so fatal to infants, I had no serious and only one or two slight, cases of summer diarrhoea among all the artificially fed infants attending my clinic. Those experiences, though by no means conclusive, seem to me to point out that among the many simple requirements for good mothercraft, the adoption of a good method of artificial feeding is one of the most important.

WAR ECONOMIES.

With a continuance of war, increasing poverty and privation amongst the cottage class are inevitable, and this will affect the quality of the still unborn generation ultimately to replace our finest and best who are now falling at the front.

District nurses and midwives have unequalled opportunities for teaching the wisest and cheapest methods of feeding to this class. The commonest avenue of waste is that of white bread. Personal experience proves that one slice of wholemeal bread is more satisfying than three of white bread. In eating white bread, the expectant mother is deprived of the mineral salts which are all-important in the bone and teeth development of the coming child. In wholemeal, she obtains these salts, iron and phosphorus, abundant proteids, starches and fats. It also contains small quantities of a ferment which aids digestion, whereas white bread which is chiefly starch is difficult of digestion.

A very cheap and nourishing meal for a family may be made by boiling a halfpenny worth of bones in a gallon of water with a handful of rice or barley; any vegetables available; and wholemeal dumplings, mixed with baking powder and cold water. Any meat bought should be stewed, never roasted or fried.

Another universal waste in the South of England lies in peeling potatoes before boiling. These should always be boiled in their skins, as the most valuable properties of the potato lie immediately beneath the skin.

Oatmeal and maize, and meal porridge are valuable foods and should replace much of the rubbish eaten by the poor.

HEALTH MISSIONER.

PRACTICAL HELP.

Queen Charlotte's Hospital, Marylebone Road, N.W., has undertaken to receive for their confinements any women amongst the Belgian Refugees.

This is a most practical offer of help. Let us hope some "fine boys" will arrive. They will be needed by that sad country in times to come.

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