

sadly neglected and in consequence nurses have suffered from wrong instruction. It seems to me that in connection with infant feeding, though the doctor and nurse had equal knowledge, the nurse would do far more to influence the public. We nurses have a closer connection with our patients than ever a doctor can possibly attain, and consequently can influence them more deeply. If only the nurses would realise this and the moral responsibility they accept, they would consider well what advice they give to the mothers of the nation. The new C.M.B. rule that the midwife must notify the L.S.A. before resorting to bottle feeding is a hopeful sign; how carelessly nurses and doctors have done this for years, because, after three, seven or twenty-one days they discovered "the milk did not come," or "the child was not satisfied," or "the milk did not suit it," or again, "because the mother's temperament upset the milk."

If a law were passed which prohibited people from withholding from the infant its natural vital food, the infant death rate might soon drop to that of New Zealand. Doctors and nurses have been much to blame for the lack of breast feeding, especially in the middle classes. They have "given in" to mothers instead of initiating them tactfully in their maternal duties, and, worse still, have in many cases prescribed artificial feeding when a mother was prepared to fulfil her obligations. To me this seems nothing short of manslaughter. I had strong views on the subject before working under Dr. King, but now that I have seen the number of healthy-born babies which have been maimed by bad feeding, and the simple and scientific methods adopted to cure them, I am firmly convinced that breast feeding with three and a half to four hour intervals—the amount of necessary food calculated on the caloric system—is the only sane way to approach the work. The system is so simple, yet gives one such confidence that any nurse who understands it will never resort to the old way of groping in the dark, trying first one food and then another. We nurses cannot neglect this matter; we have moral responsibilities we dare not neglect, doubly so, first as nurses, secondly as citizens of the Empire.

To summarise a few of the methods employed by Dr. King which have greatly impressed me:

1. The children are *gradually* accustomed to sleep in rooms without fires and with open windows night and day. They are warmly clad, the cots and blankets are arranged in a manner which protect them from cold, but permit of plenty of movement. Hot-water bottles are also used till the thermotaxic centres are educated. Mothers who have never previously nursed their children, or have in some cases stopped suckling for a fortnight or three weeks have breast feeding established. Personally I rejoiced in one stubborn case where the mother's attitude of mind was sceptical till one morning I registered  $\frac{1}{4}$  oz. at test weighing, when she became interested, and eventually realised she could feed her third child naturally!

Dr. King maintains that 90 per cent. of women can feed their children at least partially, 80 per cent. completely; and now that the intervals between feeding are lengthened and night feeding abolished, the mother has a chance of sleep and recreation while the child has time to digest and assimilate its food. When feeding children one must realise their simple caloric requirements, and the correct percentages if supplementary food has to be resorted to.

Farmers feed their animals in a more scientific manner than we feed the human young.

The lower animals—as we call them—show more maternal consideration for their offspring than do the majority of civilised mothers.

If we resort to artificial feeding, either to supplement breast-milk—or when the child is bereft of its mother—we must understand the nature of the food we employ, and the quantity and quality necessary to humanise it, *i.e.*, bring it as near as possible to the human milk. We trained nurses have all been taught to dilute cows' milk and add cream and sugar; but how many of us know how much sugar *actually* to add to get a 7 per cent. carbohydrate, and the amount, or the "fat" to use to get a clean substitute for the fat of human milk to attain the required percentage; or, having got it, realise the difference in the fat globules, or the importance of employing animal rather than vegetable fat?

What could be simpler than this?—

A normal child under two months requires 50 calories per lb. weight each 24 hours; take the baby as weighing 8 lbs. (at four weeks)—8 lbs. multiplied by 50 equals 400 calories.

400 divided by 20—(20 calories per oz. of milk) equals 20 oz. (one pint); 20 oz. divided by five feedings in 24 hours (of 4-hour intervals) equals 4 oz. per feeding.

To adopt breast feeding is not the end of all trouble; the child must not get too much or too little, the quantity can easily be ascertained by borrowing a pair of shop scales for the week end (if not otherwise obtainable) weigh the baby before and after each feed, note its theoretical requirements, according to its weight, its motions and vomits (if any) regulate the food and you will quickly get the baby on the right road; eschew thumb sucking and "dummies" as you would the plague.

## FRENCH FLAG NURSING CORPS.

### WEDDING BELLS.

Sister Gertrude Denson has resigned, owing to demobilization and upon her approaching marriage to a Frenchman. Sister Denson has been a member of the Corps since September, 1915, and has given devoted service, which has been greatly appreciated by all those with whom she has been associated. This is the third Anglo-French marriage in the Corps, and we wish Sister Denson a very happy future.

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