

The Midwife.

INFANTILE WASTING.

NURSING TREATMENT AND MANAGEMENT.

By MISS JENTIE PATERSON.

Malnutrition, wasting, marasmus, are synonymous, and all carry the same tragic history, deprivation of the infant's birthright—mother's milk.

As the cure is its restoration, so the prevention is perseverance with breast feeding in the face of all obstacles. If artificial feeding has to be resorted to, it must be supplied in a humanised form, *i.e.*, sugar, fat and proteid, in the percentages found in human milk (sugar 7 per cent., fat 3.5 per cent., proteid 1.5 per cent.).

Ascertain the extent of wasting, by contrasting birth weight with present weight, and with that of a normal child of similar age. The feeding history is essential; all the varieties and amounts with which it has been slowly poisoned.

If the child is restless it must be nursed; if listless or moribund every ounce of strength husbanded but the position changed frequently. The temperature borders on the subnormal so warmth is essential, and watch must be kept for a sudden drop, but pure fresh air is also necessary. The urine is copious, as in extreme cases there is almost no absorption. The motions being bulky, frequent and foetid, grey powders are indicated ($\frac{1}{2}$ gr. t.d.s. or six hourly). The back must be carefully guarded and watched and extra pads or diapers placed below the infant to avoid excessive wetting and soiling. Unless the baby be *in extremis* a dose of castor oil is given, preceded by a "feed" of boiled water and followed by one or two more before any milk is introduced. Then, if possible, the child should be put to the foster-mother's breast. (It is understood neither are syphilitic, and the mother of the child long ceased nursing.) If the foster-mother is unprocurable, human expressed milk should be collected from a reliable source. It has been found in extreme cases that to save life the child *had* to be actually suckled—proving that mothering is necessary. High rectal salines are cleansing and stimulating even if little is retained. Later, a common error is to give an aperient if thirty hours have passed without a stool; it is wiser to wait 36 or even 40 hours when generally a normal motion will result; the aperient, however simple, invariably sets up a recurrence of diarrhoea.

The caloric requirements of the child are ascertained by multiplying the weight of the child—say 8 lb. at four months—by the daily caloric allowance for its age = 45. $8 \times 45 = 360$ calories in 24 hours. Human milk 20 calories per ounce, humanised milk 18-19 calories per ounce, therefore 360 calories = 18 ounces of human milk, or one pint of humanised milk. The secret of feeding wasting babies is to be slow and sure; so begin with small quantities of human milk or a weak humanised

mixture, gradually increasing the calories in breast-feeding and the calories and percentages in artificial feeding. A peptonised feed with sugar 3.5 per cent., fat 1.7 per cent., proteid .8 per cent. can be increased till the maximum is reached. Increase in weight demands more calories. Sugar is frequently a difficulty, and one may try cane, lactose, maltose, or dextrine before being satisfied, or often a combination of two. The digestion is also gradually educated to deal with fat and eventually marasmic babies, when they start to make up weight, may deal with a 4 per cent.; they are also entitled to a high proteid (2 per cent.) and one-third or even a one-half more than their theoretical caloric allowance as they have "empty cupboards to fill." Four-hourly feeding is preferable and when the initial quantity given and retained is small the daily caloric allowance can be got in by giving a night feed about two a.m.; later, when the child can deal with larger quantities at a time, the night feed is dropped and no food is given between 10 p.m. and 6 a.m.

N.B.—Cod liver oil, being an animal oil with fixed percentage (100 per cent.) is excellent for infants. The amount given can be calculated to a minim. The best and most easily dealt with fat I have ever tried is undoubtedly the animal fat emulsion prepared and perfected by Dr. Truby King last winter.

CENTRAL MIDWIVES BOARD.

EXAMINATION PAPER.

FEBRUARY 4TH.

1. What is meconium, and of what does it consist? If you were to find it in the vagina what would you think, and what would you do?
2. Give the main causes of primary postpartum hæmorrhage. What means would you take to avoid this complication, and, should it occur, what would you do?
3. For what purposes do you use antiseptics during labour and the puerperium? State carefully how you would prepare the different antiseptics and in what strength you would use them, mentioning any special advantages or disadvantages each may possess for the different purposes.
4. Give the mechanism of the third position of the vertex presentation.
5. What would lead you to suppose that breast-feeding was not going on satisfactorily? How would you proceed to find out the reason? What means could be taken to improve or correct unsatisfactory breast-feeding?
6. Under what conditions might you require to use a catheter during labour? What are the objections to its use?

[previous page](#)

[next page](#)