

## OBSTETRIC NURSING.

— BY OBSTETRICA, M.R.B.N.A. —

## PART II.—INFANTILE.

## CHAPTER IV.—INFANTILE FEEDING.

(Continued from page 185.)

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SO much for the mechanical (?) part of breast-feeding, impossible to *better*, though it may be, and I admit is, ingeniously simulated; but there are physiological conditions, equally, if not more important, as I have just pointed out to you, that cannot be imitated, far less reproduced; and we will now note some of the effects produced by maternal breast feeding upon the infant, assuming of course that the mother is young and healthy, and the infant full term and also healthy.

When the breast milk enters the infant stomach its solid and fluid constituents are instantly separated by the action of the gastric juice; the curd or casein *carrying down* with it the fatty particles, or *cream*, which in combination with it is the tissue-forming substance of the infant system. A portion of this "curd" is often and at once ejected, a matter of little consequence, as it shows there is more of it than is required for immediate use. In breast milk the curd is lighter in substance, and less in quantity, than that of cow's milk, hence better assimilated; and constipation, with its attendant evils of pain and straining, avoided. Not less important is the fluid portion of the milk, or "whey," consisting of water, holding in solution the saccharine constituent, so necessary to support the heat of the body (and we all know how hot a healthy baby is), the mineral matters essential to build up the bony structure of the frame, and the saline, the smallest in quantity, but of infinite value in maintaining the blood in a pure condition. Now one and all of these component parts are present in *exactly* the right proportion for the infant's needs, and more wonderful still, are varied to suit them, according to the age of the infant, and these changes are of immeasurable importance to infantile life, and cannot be imitated. In foster-feeding the Nurse has generally been confined a month before she takes up her vicarious duties, and her milk is not in the same state as it is after recent delivery, nor so *perfectly* adapted to the requirements of the *newly-born* infant, for whom

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the first month of lactation is of the highest consequence; and the same may be said of the mother's well-doing during that period. The mother and babe are *necessary* to each other, and "bottles" do not supply—they merely supplement the need, and that very imperfectly.

The natural outcome of all nourishment is growth, and to my mind this matter of infant growth is one of great interest, and I think we shall find that the characteristics of breast growth and "bottle growth" (if I may so call it) differ remarkably, and my remarks will hold good from birth up to six months afterwards, and we must ever remember that the *foundation* of infantile health *begins* with infantile life; and there is no surer basis to start upon than breast-feeding. Let us take a typical case of *maternal* breast-feeding in its highest developments. I will not say "ideal," because numbers of real instances have fallen under my observation, and we will see what deductions we can draw from it. In a maternally breast-fed infant, every organ of its body has its just and due proportion of nutriment, and the nervous and muscular symptoms have equally their wants supplied, and we must not forget that our baby has a *brain* to develop, as well as a body to grow. I am perfectly aware that infants of phenomenal "fatness" can be and are nourished from bottles, but mere "fatness" is not altogether a sign of perfect infantile health and growth.

There are two points that, to my mind, are characteristic of maternal breast-feeding as regards the infant—the skin and the *countenance*, or rather, shall we say, its effect upon the nervous and muscular systems respectively. We not only observe the perfect moulding of the baby's limbs, but the beauty of the baby flesh—its *pink* and *mottled* hue, its firmness, its satin-like smoothness and softness, its *coolness* to the touch. I have said I could tell a breast-fed baby with my eyes shut from this peculiar feel of the skin alone, but I admit this may be fancy. Nor is our baby ever over-hot. I incline to the opinion that these conditions are rarely realised except when the mother has an abundant supply of *pure* air as well as pure food, and the blood both of mother and infant perfectly oxygenated, which can hardly be done in big cities. Nor is the effect upon the nervous system of the infant in breast feeding any the less noticeable, shown to us in one form by the expression of the infantile *countenance*, which, under happy conditions, is one of supreme *contentment*.

I may be told that suction is merely an in-

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