

OBSTETRIC NURSING.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER V.—HAND FEEDING.

(Continued from page 233.)

At their completion, this Course of Lectures will be published as one of the Series of "Nursing Record Text Books and Manuals."

I HAVE read somewhere that "next to a victory comes a masterly retreat," which I take to mean, minimising the evil effects of defeat by anticipating them. And we know, as a matter of history, there have been retreats almost as renowned as victories. In the present instance we shall have to accept a total defeat of all Nature's wise plans and provisions, and make the best of it; for we shall have to take her task into our own hands, and feed our little patient from birth until we leave him. In Obstetric Nursing this matter of hand-feeding is one of great interest, and we will give the subject the fullest attention. Among the causes that most frequently lead to this unnatural proceeding are (1) Social considerations (these are sometimes, as I told you recently, met by foster Nursing, but not always; (2) Constitutional causes in the mother, such as phthisis or serious blood-taint from other diseases; (3) Accidental causes—viz., severe puerperal hemorrhage, or dementia. To an Obstetric Nurse it is a matter of little consequence what the cause may be, as the result is the same in all cases—the substitution of an artificial for a natural mode of aliment. Nutrient may be given to an infant in two forms—*solid* or *fluid*. The former has been for generations a prolific source of infantile misery, disease, and death. The "pap" of our forefathers and the "sop" of more modern times, have destroyed more lives than bullets; and even now the baneful practice of starving infants upon solid food largely prevails among our urban and rural poor alike. Again, this food (?) was given in the only and worst possible way—with a spoon, and crammed down the infant's throat—much in the way a village henwife crams her fowls destined for the spit. The dyspeptic effects of this method of feeding can be readily imagined. It would take folios to describe them; the two most usual results being flatulency and constipation; and these, again, were met by pallia-

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tives rather worse than the initial error itself. For the former, carraway, or aniseed, is usually resorted to; and "aniseed sop," with *abundance* of sugar and the *merest modicum* of milk, is quite a pet preparation for the "wind." For the "gripes," or intestinal colic, *gin* in the sop is held in high request; for constipation, the immemorial castor oil, in combination with those *poetic* adjuncts—the syrups of rhubarb, buckthorn, or white violets. Evidently the farce of "feeding" can no farther go; and it is really very ungrateful of the babies, and quite too bad of them, to evince so little appreciation of these exquisite efforts for their *good*, as to die of diarrhoea, bronchitis, or "fits," as they do in the most mysterious manner at an early period of their careers. This baneful practice of giving *solid* food of various sorts to newly-born infants prevailed almost universally (with notable exceptions) for generations; and it is only quite within the range of the present century that medical men advised the substitution of milk for *any other nutriment whatever* for hand-fed infants, and this was given with a spoon, and (*carefully* done) the infant can swallow it much better than *solids*. Even now, under certain conditions, we have to give our babes milk with a spoon.

The next advance in hand-feeding, and a very important one, was by suction—the only true way of giving infantile nourishment—because it is only by this means the saliva can be completely mingled with the food. The first thing required was a teat (a sort of artificial nipple), and this had to be fastened to a glass vessel, somewhat inaccurately called a bottle. This primitive milk receptacle was flat, smooth, rounded at the sides and one end, and in shape not unlike a fish—being wide in the middle, narrowed at the end (tail), and narrower still at the neck. In the middle of the upper side of the bottle was a round aperture about the size of the mouth of a wine bottle, into which the milk was poured, and then a cork put into the opening to keep the fluid from spilling. It was to the upper and narrowed part of the bottle (the neck) to which, of course, the teat had to be secured; and in those days a great deal went to the teat, which had to be home-made, and it was not every Nurse or mother who could make them well.

I must premise that, in respect to the venerable article I am describing to you, I shall draw upon family traditions, and remote personal recollections; and shall be happy to receive any

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