

## OBSTETRIC NURSING.

— BY OBSTETRICA, M.R.B.N.A. —

## PART II.—INFANTILE.

## CHAPTER V.—HAND FEEDING.

(Continued from page 245.)

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

THE first thing that strikes us as defective in practice, though good in *theory* (suction), is the teat itself; not that I consider our modern *materials* for it much (if any) better than the homely contrivances I have described to you. But the old-fashioned teat was not safe, for the simple reason that there was no *point d'appui* for the infant's tongue when sucking, as there is in the natural nipple; and I have told you what might possibly happen for the want of it. Again, there was no possibility of *regulating* the milk-flow through the teat, except incessantly removing it from the infant's mouth—a process he resented by sucking harder than ever to keep it in. And herein we see a perversion of the natural method of suction, when the nipple need scarcely be removed from the mouth until the infant is satisfied, when he stops of his own free will, and drops the nipple. There was another disadvantage: the infant had to be *taken up to be fed* day and night. Supporting him on one hand, the Nurse had to feed him with the other. She had no power to control the milk-flow; the infant had no power over the teat; so it had to be constantly drawn out of his mouth to avoid choking, and there was no end of "slobbering," which Nurse could not prevent. A right comforting (?) process this at any time, especially on a cold winter's night, and one *beautifully* in consonance with the natural methods of suckling, where, as we know, *warmth and comfort* are bounteously provided for by Dame Nature. With a few slight modifications—a sort of distinction without (much) difference—our friends the "Autocrats," are reviving these bygone conditions; and some of the reasons (?) that have led to this "Irish advance" will be touched upon.

The next advance in hand-feeding contrivances, and a most important one, was due to the discovery of that valuable natural substance, caoutchouc, which, under the familiar form of india-rubber, is so largely used for all sorts and kinds of nursing requisites. About thirty years ago it was introduced for hand-feeding purposes

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in the then novel form of a small tube—soft, flexible, and non-frangible; and it is to this simple and scientific appliance, in conjunction with other adjuncts, that we find the most satisfactory method of infantile feeding as yet known to us. Now it is in this aforesaid *tube* that all the *good* and all the *evil* of our modern method of bottle-feeding centres; the latter being due, not to any inherent defect in the principle, but to the practice—from the carelessness and neglect of those who use it (or abuse it); and it is to those causes that we find one of the strongest objections for its temporary abandonment in Obstetric Nursing. I use the word "temporary" advisedly, for I feel sure, if carefully used, it will soon recover its old supremacy. Hence we will give the matter a little thoughtful attention.

There have been two charges brought against the india-rubber tubing in recent times: (1) The difficulty of keeping it in an aseptic condition—that is perfectly clean; hence the risk of septic mischief. (2) That Nurses were apt to allow the infant to feed himself—viz., not controlling the milk-flow for him; hence dyspeptic troubles, from overloading of the infant's stomach, or suffocation, from the milk getting into the windpipe. The writer has known this happen of her own knowledge. Still, I cannot but think that the greater part of my Nursing readers will agree with me in the opinion that these objections tell a great deal more against the *Nursing* than the tubing. With regard to the first, our safeguards are, of course, antiseptics. I recommend Condy's fluid in preference to any other—one fluid drachm to a quart of cold water for immersion and continual use, though it may sometimes be necessary to *double* the strength. As soon as the fittings have been done with—that is, after every feed—they should be immersed in the solution. But this is not all. The tubes and teat must be cleaned *inside* as well as out; and to do this we use the brush provided for us, dipped in the Condy. *After* we have passed our brush through them we must wash them out in a way I told you of, in one of my earlier papers—viz., by attaching one end of the tubing to a *small glass*, or tin funnel (which you can keep from rusting by rinsing in boiling water, and *drying* at once), and sending a copious stream of the antiseptic *through* the tubing, teat, and union. I think you will find this plan an *improvement* upon *sucking* through the tube to clear it, which some Nurses adopt. Whenever the india-rubber fittings become in the *least* foul, *destroy* them; do

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