

a few Hospital authorities, eager to evince their enmity to Registration, petitioned the Board of Trade not to grant this petty privilege to the Association. The Board hurriedly yielded to the pressure, without affording the Association any opportunity of defending itself; and so has arisen the present state of affairs. The Association desires to be incorporated, a privilege which is given by the law to "any seven British subjects." Its opponents have prevented this being done in the ordinary manner, and, as we prophesied some months ago would be the case, it now appears that they have done the Association an inestimable service. The petition for a Royal Charter involves a public inquiry. And now the serious dangers to which the sick are at present exposed, the most laudable efforts which the Royal British Nurses' Association has been making for four years to bring about reform, the violent opposition which it has encountered, and the reason why this opposition has been shown, will all be brought before the public.

We, who are aware of what has been transpiring behind the scenes, have excellent grounds for being well satisfied with this conclusion. Because we know that not only will the utter hollowness of the objections to the Association be made manifest, and the great and most useful work in which it is engaged obtain the merited approval of the public, but the attention of the world will be drawn to the urgent necessity for reforms in certain Hospitals.

Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER V.—HAND FEEDING.

(Continued from page 93.)

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

IN some exceptional cases the process is of infinite benefit, such, for instance, as helping to bring an infant round from the debilitating effects of the profuse hæmorrhage that follows after certain operations necessary to give the infant a chance of life when placed in jeopardy by some of the congenital defects that are sometimes present.

I have seen infants greatly restored after colotomy hæmorrhage by peptonised milk—in cases, of course, where the mother did *not* suckle;

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and the same may be said of premature infants of viable age but feeble vitality. Peptonised milk may be advisable to begin with; but, generally speaking, when an infant has to be fed upon cow's milk, it is better to leave the digestive powers to get used to it from the first, and only hold out a helping hand when we *must*.

I think I have now brought before my Nursing readers the principal points (practical and theoretical) of hand-feeding, and have now only a few words to say upon the third division of my subject—*Mixed-feeding* (part breast, part hand), which is, on the whole, more frequent than the other two methods solely.

In Obstetric Nursing we have to supplement the breast supply most frequently under three conditions: (1) insufficient secretion of milk; (2) supply ample, but the milk poor in quality (in-nutritious) infant does not thrive upon it, and dyspeptic troubles arise; (3) where the maternal system requires to be relieved from the strain of *continuous* suckling, either from constitutional weakness or the debilitating effects of puerperal hæmorrhage, or critical labours; but, whatever the cause, the instructions I have given you with respect to hand-feeding hold good. As a rule, we more often have to feed the infant at night than in the day, so as to give the mother the advantage of sleep. Mixed feeding may only be required temporarily, or, as is most frequently the case, permanently. During the first three months of lactation, this dual arrangement is very important to the mother, as it often enables her to suckle the infant for that period, or as long again if the maternal system is not *overtaxed*; for I need not remind my readers how beneficial lactation (even partial) is to the uterine health of mothers, and how much it aids their complete recovery from child-birth—lactation, in fact, completes the cycle of gestation; the former sustains the life of the unborn, the latter of the living child; and any interruption to these wise and natural laws is fraught with contingent, though *remote*, evils to the maternal health, sometimes leading to serious uterine disease. If the mother's strength be maintained by good food, pure air, and moderate exercise and exertion, her health would be distinctly benefited by lactation, partial or complete.

(To be continued.)

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