

the attack lasts to clear out the intestinal tract, "thrush" being one of those infantile ailments where mild purgation is desirable. To my mind, poor baby is in a pitiable plight during an attack of "thrush," the coated tender tongue and lips, the hot mouth, the intestinal pain and discomfort, the misery in taking his food make quite an invalid of him. Good nursing is the only remedy. If we can *prevent* it, how much better than treatment will it be! But if not, no time should be lost, no pains spared to get our little patient well. I rather dwell upon this point, because there is often a tendency amongst Nurses and mothers to treat the disease lightly and in a haphazard kind of way, hence it extends unchecked, and in numbers of instances the infant succumbs to it.

As well as medication, topical measures must be resorted to, or the treatment of the disease will not be complete, and we always begin with them, and here again alkalies are resorted to, the most usual being chlorate of potash and borax, valuable from its antiseptic qualities, and we will discuss this first. There are many ways of using and combining borax, and a great deal goes to how you do this if the applications are to be efficacious. To begin with, none but *purified* borax that you buy at the chemist should be used; nor that sold by grocers in packets for cleansing purposes, commonly called Californian borax. The purified borax may be used dry, in the powder form, and combined in equal portions with castor sugar, say, a drachm of each. A small portion of this powder can be put into a piece of clean writing paper, about the size of an ordinary powder paper, and scattered over the surface of the tongue, mouth, and lips, and left there to dissolve. I do not venture to dispute this practice, but think it rather severe; it generally lands us in a fit of crying from the patient—is it a protest against it? The powdering should only be done night and morning, or the borax and sugar can be mixed together and dissolved in half-a-pint of *boiling water*, to be used as a lotion when cold—this is an excellent prophylactic remedy, and the mouth can be rinsed out with it in the morning, when the infant is bathed, to be used thus:—Pour a small portion of the lotion into a saucer, saturate in it a small piece of clean, *soft* rag, from an old cambric handkerchief, for instance, place it over the top of your forefinger, and *very* gently wipe out the mouth with it, and throw the rag away behind the fire if you can—an occasional application of this kind will cleanse the mouth of milk curd, thrush or no thrush. And here I must remind you that a *white* or milk tongue is

not aphtha, as some Nurses hastily conclude, and often take very unnecessary and undesirable measures accordingly, including that popular fallacious and, I do not hesitate to say, *mischievous* admixture—*Borax and Honey*. Can anything *more* calculated to excite an acid condition of the infant stomach be imagined than the latter? And yet there is no remedy more resorted to for thrush than the Mellis Boracic of the chemist. *What* sort of honey and *what* kind of borax being best known to that obliging gentleman. And then again, how is this mixture applied? Something in this wise—the end of the bare forefinger, *not* always immaculate in the way of cleanliness, is plunged into the chip box containing the borax and honey, and the tongue and mouth *vigorously rubbed* all over with it; and if supplies run short, the finger is withdrawn from the mouth, again plunged into the box, to be followed by further friction. And these drastic proceedings are frequently unnecessary, the so called thrush being only a "milk" or white tongue, only requiring the mouth to be washed out daily.

The best preparation of borax, to my mind, for thrush is the Glycerine Boracic. B.P., one fluid drachm to 6 ounces of best French rose-water, shaken well together. It is a cooling and efficacious lotion, and I prefer it applied with a camel hair brush, thus:—Put a teaspoonful of the lotion into a cup, dip the brush into it, and paint over the upper and under side and the edges of the tongue, the lips, inside and out, night and morning, and, if necessary, midday—the best moment to seize for these manipulations is when our baby thinks proper to indulge in "cries," for reasons best known to himself, but perfectly inscrutable to those in charge, as the mouth is then well open. If we attempt to do this, at other times, however gently, our little friend simply amuses himself by sucking the brush and swallowing the lotion—no great harm, perhaps, but not *quite* what we want. Do *not* wipe the mouth out, let the lotion soak in—the notion of "rubbing" off the aphtha is fallacious, and only makes tender surfaces tenderer. Under the influence of the application they will separate in a few days, leaving a *healing* surface below, and the mouth soon gets well.

There is another important matter in cases of "thrush"—the care of the nipple in breast-fed infants—and it is a saying amongst mothers and Nurses that a "thrushy" mouth makes a "thrushy" or inflamed nipple, and *vice versa*; be this as it may, both mouth and nipple require attention.

The lotion we use for the infant must be used for

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