

baby, and we get relaxed bowels and "gripes." I have given you full instructions *how* to avoid "chills" for your patients, in former papers in the first division of my subject, and refer you to them. So much for the causes of milk disturbance and their effect upon the infant, diarrhoea being a common manifestation of the same.

We will now consider diarrhoea in hand-fed infants, more under nursing control, perhaps, than in the former case; we have no perturbing maternal emotions to fear, it is true, but we are exposed to dangers from commercial rapacity and dishonesty, tending to deteriorate the milk by adulteration, or dirty dairy arrangements. Except in country places, and not *always* there, we cannot absolutely depend upon the *purity* of the milk supplied us—and there may be death in the (milk) pot, viz., diarrhoea. I have dwelt so minutely upon milk management in hand-feeding in previous chapters, I need not repeat the instructions.

Speaking generally, there are four factors that may lead to the production of infantile diarrhoea in hand feeding—1st, infected milk; 2nd, polluted water; 3rd, carelessness in not *thoroughly* cleansing bottles, tubings, teats, and all utensils used for the milk; 4th, improper food. With respect to the first, it is of course due to causes beyond Nursing control, and hence it is *imperative* that all the milk required for baby's use should be raised to a temperature of 212° Fahr., commonly called boiling, but as a matter of experience I know that the temperature is *not* invariably raised to 212°, the milk being merely *scalded* and passed off as boiled. And for this reason I advise that the boiling of the milk should be placed in Nurse's hands, or some woman member of the family, and *not* left, as is often the case, to cooks or other servants. When we consider the immense dietetic importance of this matter, I think my readers, lay and professional, will agree with the writer that no precautions are too minute to secure it. By the general consensus of medical opinion it is held that even *infected* milk, thoroughly boiled, will be rendered innocuous, but let us remember that the milk would be *very much better not infected*, nay, I am quite of opinion that it is deteriorated, and hence we should not relax our efforts to obtain as *pure* a supply as possible. 2nd. Polluted water is quite as harmful as infected milk, and the *same* precautions must be observed; water, whether used hot or cold, must always be boiled before diluting the milk with it, and these two measures may be regarded as prophylactic as regards diarrhoea in infants fed on cow's milk *plus* water. 3rd. Want of cleanliness in the feeding appliances.—I will not dwell upon this point,

having done so in previous papers, but there is one matter I must just emphasize, that the boiling of milk by no means prevents the putrefaction of the caseine if allowed to clog the feeding appliances or milk utensils.

4th. *Improper Food*.—This, of course, is impossible in *good* Nursing, but, alas! it is quite compatible with that poor semblance of it practised by thousands of Nurses and Mothers from one end of the Kingdom to the other who listen to no reason and learn by no disaster! The bills of mortality show us that whole holocausts of tender infants are hurried into untimely graves within a few weeks of their existence, and Death's lethal dart is more often than not winged with—Diarrhoea, the result of putrefactive charges from those undigested, and indigestible by the infant system, substances, that under manifold commercial glammers are sold as "Infants' Food" (?) and given by *enlightened* Mothers and Nurses to month-old babies!

Let us just trace a case—and it can be multiplied by tens of thousands—of what we will call *dyspeptic*, as distinguished from zymotic, diarrhoea; and we will assume that, in the first instance, the babe is nourished from the breast. We all know from experience that the mother's milk does not always suffice for the infant's needs, and say that two or three weeks after birth this fact becomes apparent; there are two ways of meeting it: 1st, so to alter the mother's diet as to bring it more into accordance with the requirements of suckling, and 2nd, to give the infant change—feeds of cow's milk, either from spoon or bottle, prepared in the way I have told you of. Now if either of these simple and common-sense arrangements were fully carried out, the matter would require no further comment, but alas! in countless instances *they are not*, and the sum of infant miseries and the bills of infantile mortality are deplorably augmented thereby, and the following is the more frequent order of events. Amongst our rural and urban working classes, the popular alternative for the breast is bread sop, far more often than not innocent of milk; it is prepared with water and boiled down to what is commonly called a *jelly*—really a gray, glutinous mass, sweetened with ordinary sugar, and *crammed* down the infant's throat with a spoon at uncertain intervals, generally determined by "cries" on the part of the victim, whether, like little Oliver Twist, he is asking *more*, or piteously protesting against *further* supplies, I leave my readers to determine for themselves!

Now if the only difficulty to be overcome, with respect to this precious sop, were the physical fact of getting it down the infant's throat, and thence to the stomach, there would be little need to say any—

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