

SOME PRACTICAL POINTS IN INFANT FEEDING.

Louis Fisher, M.D., in the *Amer. Medico-Surg. Bull.*, says: First, always try to feed the child with "its own" mother's milk. A child may receive both breasts alternately at one meal if the appetite warrants it. Never have a baby fed by the milk of its mother if the latter suffer with general debility or tuberculosis. Extremely nervous mothers should not nurse their babies.

Syphilitic babies (hereditary) can only be nursed by their own mothers, owing to the risk of infecting the wet-nurse. Very frequently the life of the child is dependent on its being nursed by its mother in syphilis.

(a) The return of menstruation is no contra-indication to the continuation of nursing.

(b) The moment a woman is pregnant nursing should be stopped.

(c) Children should not be nursed at night unless for some special reason.

(d) Weaning should take place gradually, and only in the eighth to the tenth month.

(e) It is understood that weaning should not be commenced during the hot summer weather.

The main factor in determining the time of weaning is "weighing." Children must be weaned when, although in perfect good health, they remain below normal weight.

(f) Prolonged nursing (useless) will induce rhachitis.

2.—If, for various reasons, a child cannot be nursed by its mother, we then resort to the wet-nurse.

(a) She must be carefully examined as to her physical condition; tuberculosis, all chronic disorders and diseases would prevent proper nursing. Hereditary nervous troubles, epilepsy, syphilis, would exclude nursing.

Milk requires microscopical examination to determine amount of fat, the condition of the emulsion, etc.

(b) It is a good point to try to procure a wet-nurse suckling a child about as old as the one we wish her to nurse, although it is quite common to find nurses who have older children than the one they wish to nurse, and to find the latter doing well.

(c) The proof of the usefulness of the wet-nurse is the condition of the baby after some time. If the child thrives it will increase in weight. Hence scales must be frequently used.

3.—Artificial substitutes for breast milk:

(a) Never give any food preparation containing starch during the first three months.

Cow's milk.—There is a great difference between human and cow's milk—hence we must dilute accordingly.

Dilute—in order to make it as near mother's milk as possible—by adding substances which will make the milk easily digestible and not curdling.

Alkalis and acids should not be used, or only to correct pathological conditions. Add farinaceous substances:

a) Oatmeal gruel where constipation exists.

(b) Barley gruel where tendency to diarrhoea exists.

It is advisable to use shells of the cereals, as they contain a certain quantity of albuminoids.

Sugar is added by using sacch. lactis; salt is added by using ordinary table salt.

Certain dangers of feeding by cow's milk, and their avoidance:

Possible transmission of tuberculosis, owing to which fact it is advisable to feed from several cows and not from a single cow—contrary to the general opinion.

The milk must be boiled, and thoroughly so, in order to destroy one of the most frequent contaminations, namely, micro-organisms.

Boiling methods have been improved upon by introduction of sterilization by Prof. Soxhlet, and since then by partial sterilization called pasteurization.—*Med. and Surg. Rep.*

TREATMENT OF PUEPERAL CONVULSIONS BY HYPODERMIC INJECTIONS OF SALT SOLUTION.—

The above mode of treatment of puerperal eclampsia is the one now adopted in the lying-in wards of the Lariboisière Hospital by Dr. Porak, physician-accoucheur of that institution. The salt injections are said to act beneficially by mechanically diluting the toxins in the blood and by favoring their elimination through the kidneys, the secretion of which the injections re-establish or increase. The quantity and quality of urine passed in these cases is, in fact, of great prognostic importance. When the urine is abundant and limpid the toxemia is mild, and the physician may trust to symptomatic treatment by means of chloroform and chloral administered simultaneously. (Six successful cases of this kind are cited in the recent thesis by Dr. Bernheim, one of Dr. Porak's pupils.) In every case, however, where the urine is either completely suppressed, or is scanty and dark colored, recourse must be had to salt water hypodermics, either singly or associated with venesection. In Dr. Porak's wards the *modus operandi* is as follows: The solution employed for each injection is one liter of sterilized water, to which have been added from seven to seven and a half grams of chloride of sodium. This is poured into a hand-spray apparatus of which the longer tube ends in a hollow needle; or a syphon apparatus may be employed. The solution must be maintained at a temperature of from 37.5° to 38° C. The skin of