

was standing room only. Even at this price and after all expenses were paid including the fee for the acting of the sketch we cleared Rs. 47 with which we were very pleased.

The most ambitious effort—the dance—was really the trained nurses' effort but they insisted on it being mentioned here as they wished to say how grateful they were for assistance rendered by the student nurses' in decorating the hall, etc. It was very tastefully done in blue and yellow and multi-coloured balloons. The result of this dance was also beyond expectations.

Regarding new members we have 7 to our credit with the promise of more if the recent examination results are favourable. Three of the S.N.U. members have now joined the T.N.A.I., having qualified. Our number now stands at 21.

N. SMITH,
Student Nurse.

Notice.—Will student members kindly read and pass on the news for them in this month's News and Notes.

THE MOTHERCRAFT PAGE

Articles for this page will be most gratefully received by the Editor,
Miss Diana Hartley, S.R.N., S.C.M., M.T.S. Certificate

HOW TO FEED INFANTS from Birth to Two Years of Age

by
DR. JEAN BIGGER.

PART I

FEEDING FROM BIRTH TO SIX MONTHS

Mother's milk is the very best food for this age. What happened to the following 20,061 infants during the first nine months of their lives is strong evidence supporting this statement. Out of these 20,061 infants

9,749 were wholly breast fed and 15 died = 0.15% deaths.

8,605 were partially breast fed and 59 died = 0.7% deaths.

1,707 were artificially fed and 144 died = 8.4% deaths.

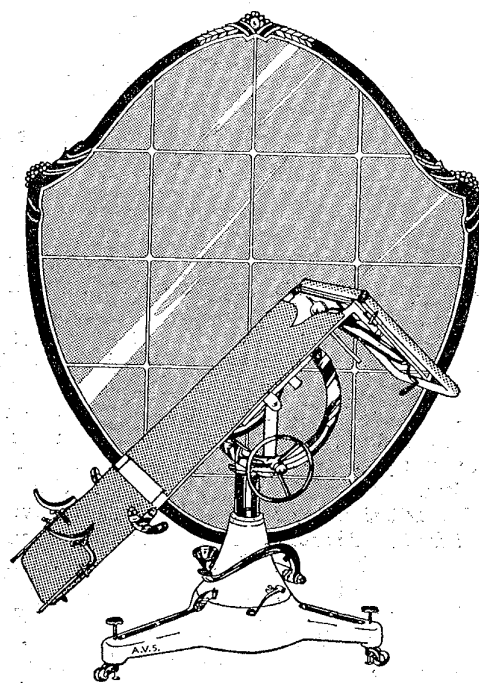
These figures speak for themselves. They came from an Infant Welfare Centre in Chicago. All the mothers of these babies therefore had the benefit of expert advice and supervision, yet the death-rate among the artificially fed infants was 56 times greater than that among those completely breast fed. Where such expert advice is not available it seems certain that the death-rate of artificially fed infants would be found to be still higher. The fact that the death-rate among partially breast fed infants was 4.66 times greater than that among those completely breast fed suggests that before augmenting the infants' diet by adding a feed of cow's or goat's milk every effort should be made to increase the mother's supply of milk, and thus avoid the necessity of mixed milk feeding.

In the management of breast feeding the most important thing is to see that the mother is properly fed. Her diet should include milk or curds, fish, a plentiful supply of green leafy vegetable and fresh fruits. Eggs and liver are very good for the nursing mother and these should be taken if her religion permits. Sprouted gram makes a good addition to her diet. She should drink a glass of water (one pau) about half an hour before she feeds her child. Overwork sometimes adversely affects the mother's supply of milk. It is good for her to rest for one hour on her bed in the middle of the day.

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It is best to breast feed at regular hours. Three hourly feeding is recommended, the child being fed at 5 a.m., 9 a.m., 12 noon., 3 p.m., 6 p.m. and 10 or 11 p.m. at night. During the period 10 or 11 p.m. to 5 a.m. no feed should be given. If the baby wakes and cries he may be given a drink of water. When the weather is hot the baby needs water to drink between his feeds. The water should be boiled and allowed to cool, and then be given to the baby from a clean spoon.

If the baby is fat and appears to be doing well but occasionally has loose green stools he is probably being over-fed. In such a case keep strictly to regular times of feeding and cut down the time allowed at the breast. Giving the baby a little water to drink immediately before the feed often cures these cases.

If the baby appears not to be doing well, and seems hungry, and the mother thinks her milk insufficient do not at once give the baby extra milk (cow's or goat's) but try first to increase the mother's supply. The extra milk should be given to the mother not to the baby. The mother's whole diet and hours of rest should be considered and any defects remedied. These measures will probably do away with the necessity of giving the child extra milk. If however after trying all the above for 2 or 3 weeks the breast milk is still insufficient then a little cow or goat's milk may be given, but this is a confession of failure. The mother should still give the breast at regular hours, and any extra food should be given immediately after the breast feed. This will prevent the child taking more of the foreign milk than he actually needs; and the mixing of the artificial food with breast milk in the child's stomach will aid the digestion of the former. For example 2 ozs. of cow's milk diluted with an equal quantity of water may be given immediately after two breast feeds. Such extra milk is best given after the midday, 3 p.m. or 6 p.m. feeds, for those are the times when the mother milk is found to be scantiest.

The question is often asked how long should breast feeding be continued? In all cases it should be given for nine months, but after that there is no hard and fast rule. If the parents can afford to buy milk for the child it is better to wean the child from the breast between the age of nine months and one year. Where the parents cannot afford to buy milk the mother may continue feeding even up to two years, if her own health is good, for it is better that she should do so than that the child should be entirely deprived of milk. *The important thing to remember is that from nine months milk alone is not sufficient food for the child.* From that age it requires a mixed diet, and if such is not supplied the child falls back in health. Nature indicates the necessity for giving food at this age by the arrival of the child's teeth, which are for use and not for ornament. If the mother is healthy and well fed the infant will do well on breast milk alone up to nine months. But in many, perhaps the majority of cases, this is not so and the infant begins to fall off in health from 5 or 6 months of age. Therefore in this pamphlet it is advocated that mixed feeding should be introduced from six months onwards. In most cases it is necessary, and even where strictly speaking it is not so, even in those cases the child's health will benefit. Therefore in Part II will be described foods that should be given during the final third of the breast feeding period.

PART II

FEEDING FROM SIX MONTHS TO NINE MONTHS

The basic food should still be mother's milk. It should now be given 4 hourly, 5 feeds being given in the 24 hours, say at 6 a.m., 10 a.m., 2 p.m., 6 p.m. and 10 p.m. The baby should sleep without waking from 10 p.m.

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to 6 a.m., and will do so if he has been properly trained. It is almost impossible for this to happen where the child shares his mother's bed, for then he gets into the habit of waking and taking the breast in the middle of the night. This is not good either for the baby or for his mother. It is one good reason why everybody should sleep in a separate cot of his own from birth.

Where the infant's weight is stationary additional foods are a necessity, and for all babies they are good. It is easy at this age to teach the child to take other foods. Thus he can be prepared for an easy weaning period. If the introduction of additional foods be left till the child is one year or older, he will resent and fear the change and often refuse the food that he needs. Such children lose strength and health, and too often change from healthy babies to thin weak toddlers.

At 6 months the following foods may be given :—

Vegetable soups and dal soup.

Cooked vegetables such as potato, carrot, cabbage, lettuce, spinach or any green leafy vegetable.

Fruits such as raw orange, raw tomato, raw mashed banana, stewed apple, stewed papaya.

Other foods such as chapatti, brown bread and butter, egg, liver.

Vegetable soup, or dal soup, or steamed vegetables should be given daily.

Raw fruit juice or raw mashed banana or stewed fruit should be given daily.

Chapatti to chew daily.

Egg twice a week. The egg should be coddled and one teaspoonful of the yolk given at first, increasing each time an egg is given, till the whole egg is eaten.

Liver minced and lightly boiled may be given once a week, beginning with one teaspoonful and increasing to a tablespoonful.

All these foods should be given to the infant immediately before a breast feed when he is hungry.

At 8 months of age a little fish may be given to the child. It is best cooked in a steam cooker. Now he can get fish twice a week, egg twice a week, liver once a week, vegetables, fruits, chapatti, dals daily. As he takes more of these foods he will naturally take less of his mother's milk as he will not be so hungry.

Modern methods of infant feeding deprecate the giving of cereals during this period, and lay emphasis on giving fruits, vegetables and animal foods first as advised above.

But where the parents are poor and cannot afford to spend much on the above foods, they may give suji. It should be well cooked in water, and an ounce or two of cow's milk can be given with it. The addition of a little pure cow's ghi to suji thus prepared is very good for the child.

Foods such as biscuits, rusks, white bread, arrowroot, sago, groats, porridge, breakfast cereals are not good, and it is strongly advised that they should not be given.

The reasons for the above method of feeding may be of interest. The child gets from his mother before birth iron and other minerals which he stores in his liver. Thereafter during the breast feeding period he gets very little iron, for breast milk contains very little. At six months the store of iron in his liver may be nearly exhausted, and unless foods containing iron are introduced into his diet at 6 months or a little earlier, he may suffer from nutritional-anæmia; if so his weight will become stationary and he will look pale. The foods recommended above are rich in iron, especially green leafy

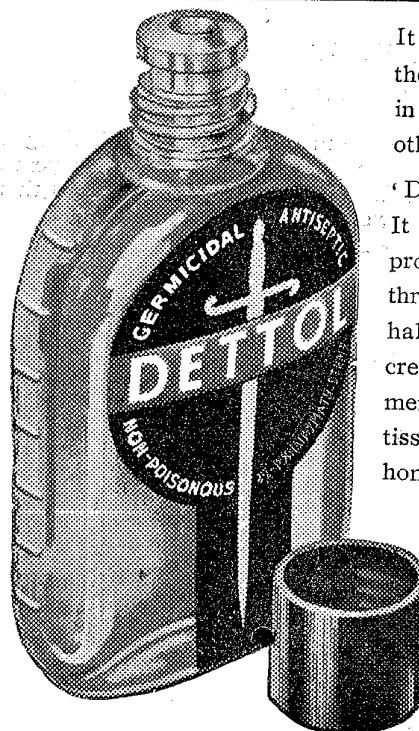
ANTISEPTICS AND CHILDBIRTH

Results of a test conducted for the National Birthday Trust Fund (for the extension of the Maternity Services) and submitted to the Ministry of Health

In 1935 an important test in connection with the incidence of sepsis in childbirth was conducted in the Rhondda Urban District, South Wales.

Here are the figures obtained :

Disinfectants used.	Number of Midwives.	Number of Confinements Attended.	Incidence of Septic Cases per 1000 Confinements.	Death Rate from Sepsis per 1000 Confinements.
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vegetables, eggs, and liver. The second reason for this method of feeding is that in human milk the proportion of protein to carbohydrate is about 1 to 4.5, if we give cereals (carbohydrates) as additional feeding that proportion is upset. If we give animal foods plus fruit and vegetables it is undisturbed. A rapidly growing child requires a high proportion of first class protein, mineral salts, and vitamins in his diet if he is to grow properly. These are not supplied by cereals. The child fed on milk and cereals will probably be heavier than the child fed as above, but the additional weight will be because the child is fat. The child fed on the diet advocated will not be very fat, but he will be firm, strong, vigorous, and of a good colour.

THE QUIET HOUR

Joel 2. 21-32. The locusts had caused devastation in the land of Israel there remained no promise of harvest—no consolation, no hope!

We are often in doubt and despair through our own mistakes and failings; but we need not be discouraged. God says 'I will restore to you the years the locust hath eaten'. Let us take Him at His word and go forward, and this poor old world will be the better because we have done our part in it.

1. Canst Thou restore Oh mighty God
The years so long gone by?
So devastated, desolate—
In barren waste they lie!
I started out to serve Thee Lord,
When Youth's responsive hour
Gave promise that the seed then sown
Should burst forth into flower!
2. But Oh the barrenness of years!
No effort of mine own—
Can reap a harvest from the field
The cankerworm hath mown;
The locust of my faithlessness
Hath blasted and destroyed
The harvest, that in course of years
The master had enjoyed.
3. Wilt Thou restore? Then Lord in faith
Before Thy feet I bow,
Confess to Thee my shame and loss
Fulfil Thy promise now!
Thus cleansed and sanctified—made meet—
To do the humblest task—
To be well-pleasing in Thy sight
My God, is all I ask.

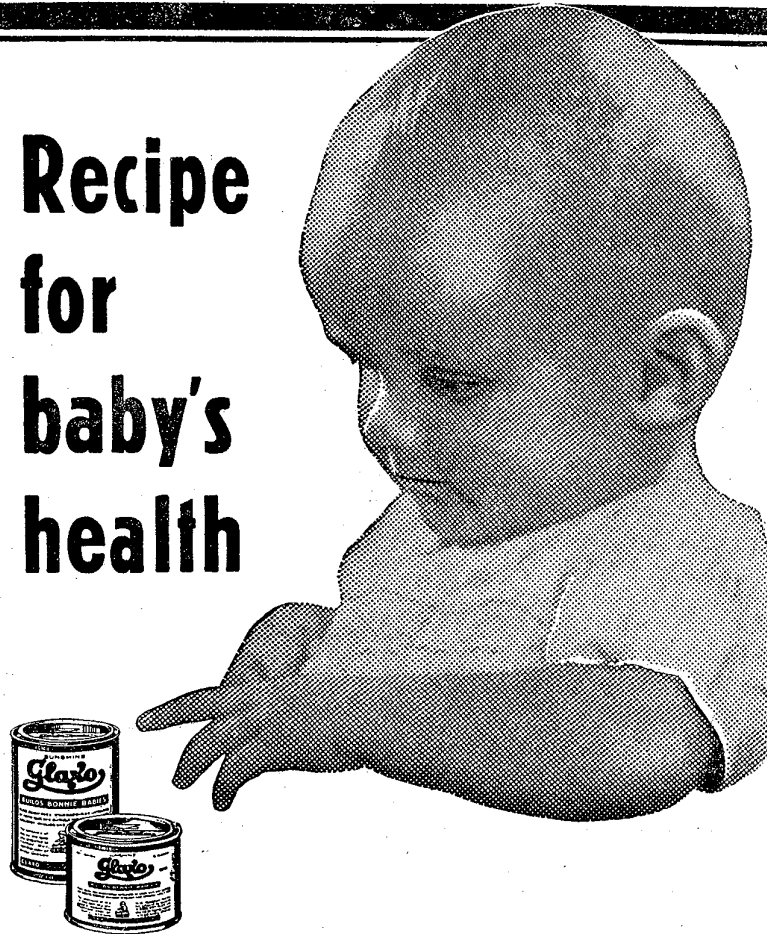
S. K. V.

BOOK REVIEW

Safe Childbirth: The Three Essentials. Kathleen Olga Vaughan, M. B. (Lond.). Bailliere, Tindall and Cox, 7 and 8 Henrietta Street, Covent Garden, W.E. 2. Price Rs. 5-6-0.

After the innumerable depressing reports with regard to maternal and infantile mortality and finding few real solutions suggested for the loss of

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Correction and Apology

District	No.	Name and Address	Branch joined	Training Schools
Bangalore	766	Miss Phyllis Edna Tollitt, Lady Curzon Hospital, Bangalore.	Bangalore	Shropshire Ortho- pædic Hospital, and Guy's Hospital, London.

STUDENT NURSES' ASSOCIATION to TRAINED NURSES' ASSOCIATION OF INDIA

District	No.	Name and Address	Branch joined	Training Schools
Delhi	828	Miss Agnes K. Bala, St. Stephen's Hospital, Delhi.	Delhi	St. Stephen's Hospital, Delhi.
"	709	Miss Dora Mulaimuddin, St. Stephen's Hospital, Delhi.	"	" "
"	743	Miss Mathura Patasker, St. Stephen's Hospital, Delhi.	"	" "
Punjab	707	Miss Sahadra Khushali, Canadian Mission Hospital, Palampur, Kangra District, Punjab.	"	" "
United Provinces	737	Miss Phyllis Audrey Wallace, c/o P. W. Inspector, Moghal Serai, E.I.R.	Calcutta	Presidency General Hospital, Calcutta.
"	519	Miss S. B. Singh, P.O. Tanda Nawabi, Firozpur, Dist. Moradabad, U. P.	United Provinces	St. Stephen's Hospital, Delhi.
"	589	Miss N. J. Abel, c/o Mr. P.N. David, 829 Drummond Road, Agra, U.P.	"	" "
Calcutta	746	Miss Phyllis Marjory Cooper, c/o Mrs. Martin, Mina Villa, Belvedere Road, Ali- pore, Calcutta.	Calcutta	Presidency General Hospital, Calcutta.
"	415	Miss Biswas, c/o Assistant Head Master, Cotton Col- legiate School, Gauhati.	"	Lady Dufferin Victoria Hospital, Calcutta.

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Fig. 5332. **Wallet**, as sketch, best morocco leather, made to fold up for carrying in the pocket when not in use, with nickelled hook for attaching to the waistbelt. Well-made and durable. Fitted with the following instruments : one each dressing scissors straight, dissecting forceps, artery forceps, (Pean's), probe with eye end, female catheter, metal syringe with needle and clinical thermometer.

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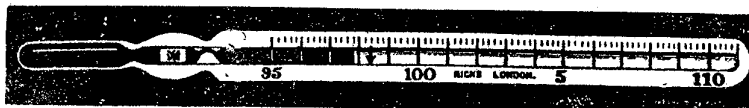
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