

The nursing staff number about 120, and there is a special bungalow for 10 Indian pupil nurses. The trained staff consists of a Matron Superintendent, her Assistant, who also acts as Class Sister, and nine Sisters. There is a large staff of ayahs.

The pupil nurses come on six months' trial and if suitable sign on for four years. Out of this time they spend six months at the Government Maternity Hospital. During the whole of the first three years the nurses attend lectures and classes. Both probationers and staff nurses wear white uniform, and their rank is denoted by caps and badges.

The nursing quarters are at the top of the Hospital, and are a delightfully cool spot from which a view of the sea is obtainable.

DIFFICULTIES WE MEET WITH IN BREAST-FEEDING.

By Miss M. SIMON.

The Establishment of lactation.

How many young mothers nowadays are unable to breast-feed their babies satisfactorily, perhaps especially in India, where it is of the utmost importance.

I have found that there is a surprising want of good counsel to the expectant mother, and a confusion of ideas among nurses as to how best to help the mother establish a satisfactory flow of milk.

The remarks which I would make here are, not a scientific account of this wonderful process of nature, but a few observations from my own experience, methods which I have found useful, and a few interesting experiences.

Successful breast-feeding is largely a question of right suggestion to the mother, combined of course with scrupulous attention to her general hygiene, and goodwill on the part of the baby. I know nothing more detrimental to the milk supply than a mother worrying or being quarrelsome or leading too exciting a life—above all, *fearing* that she cannot feed her baby.

A *positive* attitude of mind is of the greatest help to every woman in discharging this function.

Preparation during pregnancy should include the usual diet which every nurse knows how to advise—no extra food is required, though sweets, etc., are valuable during the last three months. Extra fluid to the extent of $1\frac{1}{2}$ seers a day is good, water, lemonade, etc. What is of vital importance is that the expectant mother should get a good supply of "vitamines." Every one knows what that means—raw fruit, raw eggs beaten up in hot milk, raw salads (the vegetables being washed in pot. permang. solution or "Yadil" in water which renders them safe from infection) and, one would like to add unboiled milk where this can be obtained fresh from a healthy animal or rendered sterile by the addition of 15 drops of "Yadil" to a pint.

Sound teeth are also an important factor in helping towards the mother's general health. Oral sepsis is of the greatest danger both to the mother at the time of childbirth and during lactation. There is no need to fear dental manipulations during the period of pregnancy.

Apart from the important examination and preparation of the nipples during pregnancy, which again every nurse should be able to advise about, there is one more point that one should lay stress upon, and that is the regulation of the bowels. Drugs must absolutely be barred, they set up an intestinal toxæmia which is highly injurious during lactation, and unless the bowels have been properly regulated during pregnancy, the mother will be most likely to have trouble with them during the lying-in period and afterwards.

An abundance of fruit, fresh and dried, combined with wholemeal bread (in this country bakers will make a very nice bread of white flour and *ata* mixed), coarse oatmeal porridge, and the habit of drinking water on an empty stomach, is generally sufficient to stimulate the bowel. So often patients do not understand that they must have a *sufficiency* of these foods, and *persevere* with them.

The only "medicine" permissible is liquid paraffin which of course is not an aperient at all, merely a mechanical lubricant.

I have always proved to my own satisfaction that when the mother's blood has become thoroughly used to acid fruit, vegetables, etc., during her pregnancy, her milk will not upset the baby if she continues with the same diet afterwards. Deep breathing, gentle physical exercises to tone up the abdominal muscles, and a brisk rub after bathing *and* the habit of a regular time for the daily action of the bowel complete the rules for an obstinate case of constipation. *After the Baby's birth* one is taught that the excess of blood supplied to the uterus and placenta, is to some extent now diverted to the breasts, and care should be taken from the very start that these do not become unduly congested. That great discomfort of the third day can often be avoided by proper dieting.

From the start do not give the patient frequent drinks between times, other than water and do not be a slave to the convention of "slops" only for three days. There is no reason why the patient should not eat light solids if she feels inclined and she often would, did she not fear to shock her mother-in-law!

Set your face resolutely from the start against that third day dose of castor oil. Start 24 hours after labour with a dessert-spoonful of paraffin and repeat this night and morning till the evening of the third day when, if it has not acted well, the patient should have an enema. Do not, however, keep her waiting for her first light meat meal till after the bowels have acted. A solid "bolus" is more stimulating to the bowel muscles than if only fluids are given—it is something for them to "get a grip on," so to speak.

Now for the other factor in successful breast-feeding the baby!

We have doubtless all of us stood, weary and aching, over a baby who will not suck, and we have persevered till the mother has been exhausted and

on the verge of tears, and the baby a crimson ball of impotent rage—unless it has assumed a mask of complete indifference and simply fallen into a trance.

I think we have been unreasonable, and especially so in the case of forcep babies, or babies born asphyxiated or even the babies of primiparæ, who have had to go through a long second stage and have probably suffered to some extent thereby. The poor baby may even have a bad headache and to "sleep it off" is its best chance. We had much better leave it alone for three or four days—watching when it wakes, and just letting it take what it will then, and not worrying to try to force it to feed every three hours. Never mind if it does not take feeds regularly for five or six days—it is easy enough to look after the mother's breasts by hot sponging and gently massaging off any excess of milk until such time as baby gets going regularly and vigorously. We must not be afraid of a somewhat heavy drop in baby's weight—I am convinced the above is the best treatment. Then as to intervals of feeding—in private practice it is often better to let a baby establish its own routine—the mother's breasts will adapt themselves quite satisfactorily. For instance, one baby I knew of chose 6 a.m., 8 a.m., 3 p.m., 10 p.m., and after five weeks changed to the hours 6 a.m., 10 a.m., 2 p.m., and 10 p.m., at which intervals it continued for a year. This baby was *hungry* when it took its food—this being of course the best possible stimulus to the breasts—a sleepy baby will not take its food vigorously and properly—this often being bad for both baby and mother.

As a warning let me quote another case, where the monthly nurse insisted that the baby *must* be roused at 10 p.m. for his last feed, after which he *must* wait till 5 or 6 a.m. No power on earth would make that baby feed at 10 p.m., but afterwards he lay awake screaming quite regularly till 1 or 2 a.m., now the moment the monthly nurse departed the mother (who had had precisely the same experience with her first baby, wisely "let sleeping dogs lie," and baby slept from 6 p.m. till midnight, then woke for a feed, went back to bed and slept till 7 a.m. or even 8 a.m. That was *his* self-formed periodicity. No more keeping the whole household awake just because nurse tried to force her will on him. Incidentally, one often finds that a small baby getting a big feed and being given four hours in which to digest it, thrives better than when fed at 3-hourly intervals—this I proved over and over again at a Convalescent home where I had in my care mothers suffering from deficiency of breast milk. Four-hourly feeds from both breasts combined with the simple stimulatory treatment of hot sponging, massage, etc., produced excellent results both on the baby and on the source of supply.

Let me quote one case that occurred in that home to illustrate how the mental attitude affects the milk supply.

We had a single girl, who in return for our care of her and her baby, helped in the kitchen. After a bad start, baby was doing well when she started work, but after a few days he began to lose weight and test feeds showed a marked dropping off in the amount of milk secreted.

A few tactful enquiries elicited the information that cook had been "passing remarks"—of an unsavoury kind one imagines.

A talk with cook followed who being a mother herself—agreed to keep her observations to herself and was horrified to think that she—or rather her tongue—might be hurtful to baby, "because after all, 'e didn't ask to come." The milk supply of the girl immediately leapt up again!

One more rather interesting experience to illustrate the importance of mental attitude. It was a private patient multi—2, aged 48—her first child had been born 10 years before and she had never "been able to feed him." She was pathetically keen to do better for her second. The doctor was quite discouraging—I buoyantly optimistic, but he good-naturedly said "Well, try for a day or two at any rate." We tried for a month, 4-hourly feeds, all the stimulus being supplied that we could think of—short of overstimulus! Still $\frac{1}{2}$ oz. was the most that baby ever got from mother and had she not had supplementary feeding, she would have been a sad little girl.

As the time of my departure drew near, and I saw that the "Nannie" had no intention of carrying on the tedious process of weighing baby before and after each meal and then adjusting her bottle, I regretfully suggested we should acknowledge ourselves beaten and "dry up the breast milk." The mother wept bitterly, but the extraordinary thing was that this emotional outburst seems to have released another fountain. For she felt for the first time the "draught" in her breasts, and fed baby entirely from that moment. That is what intensity of desire will do!