



"Laugh and the world
laughs with you"

A delightful Baby Study
By H. S. Cottrell

THE MIDDLE-CLASS BABY'S HANDICAP

By MARION MACKENZIE

ONE'S experience of babies, when a medical student, was entirely with the sick baby who has already been damaged, usually by bad management. To prevent such damage was never taught. Even attendance at "Sick Kids"—as we colloquially called the Children's Hospital—was not compulsory. Many medical students have not the luck to have a "Sick Kids" where they can attend if they choose, but become fully-fledged doctors before they realise that the treatment of babies is not quite so simple as to enable them to deal with them as immature adults. True, there was a formula by which the dose of a drug could be made to fit a baby by some abstruse mathematical calculation; but either one's mathematics were at fault, or the baby had an inconvenient way of resenting such treatment. Sometimes he would tolerate a drug in a way which was out of all proportion to his size; perhaps, on the other hand, he would almost "walk out" on a dose which should have suited him admirably. Such a simple thing as castor oil given too early in life would annoyingly upset his digestion for the rest of his days. So it became the fashion to "leave it to the nurse," and then, when the baby became ill enough to deserve our attention, we resorted with a sigh of relief to the inevitable bottle of medicine, which had the advantage of being somewhat of a mystery, and at any rate made us feel we were doing something. In our salad days we had diets for infants of different months framed and hung in our consulting rooms. But, alas! the babies were not machines, and refused to tolerate being treated as such. True, if we were lucky—and there are some babies who will stand anything—we came across a baby who would thrive on a standard diet, but they are so few as to be negligible.

Then we thought we had got the right thing at last, a standard not of age, but of weight; and by dint of more mathematical brain strain, and by taking the weight of a baby and multiplying it by so much food

per pound of weight, the right standard was arrived at. But, alas! if the baby was of a genial, placid turn of mind, and gained weight rapidly, you found the increase of food required to be so alarmingly large that you feared an explosion was inevitable! And you proceeded to curse the system, or want of a system, which omitted to put you wise on these matters, and left you to learn in the hard school of experience after you had been licensed to kill, instead of before. True, we had been taught to recognise the physical signs of bronchitis, for example, and its treatment, but no one taught us how to prevent it in babies.

However, we might bear it with equanimity till it came to our own babies' turn. Then it was a different matter, and one's indignation was great that the teaching of the treatment of the normal baby should be left so much to chance. In the case of the writer's first baby, in spite of the fact that both parents were doctors, the baby bade fair to depart this life, as nothing seemed to suit him, till we wrote to ask the advice of one of the doctors at the Infant Welfare Centre at Huddersfield. The baby never looked back, and from a fretful, crying child became happy and healthy.

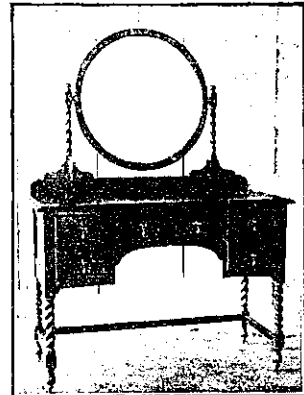
Huddersfield at the time had reduced its infant mortality to less than half what it had been previously. Dr. Moore, their Medical Officer of Health, had been inspired by the success of a French town, Villiers le Duc, whose infant mortality, previously about 200 per 1000 born, had been brought towards vanishing point by the efforts of a mayor who was also a doctor. The then Mayor of Huddersfield, Mr. Broadbent, at the instigation of Dr. Moore, took an active interest in the Huddersfield babies, with the above result.

Now what can be done for workers in industrial areas can more certainly be done among the middle-class. It is a crying shame that only the babies of the poorer classes should be helped, when help is often so much needed by the better-class

mother. In 1922, in Leeds, in an industrial part of the city, the infant death rate was 300 out of every 1000 babies born—that is to say, almost one-third of the babies died who did not attend the Welfare Centre; but of those who attended, only 76 per 1000 died. In other words, they had as good a chance of life as the middle-class baby not attending a Centre, in spite of overcrowding, filth, lack of air and sunshine, and all the hundred and one things which militate against a baby's chance of life. It must be remembered that these statistics include the indifferent mothers, who simply come for what they can cadge, and probably only attend a few times. Imagine what could be done with the more fortunately-placed mother with leisure to carry out directions.

Every baby who is artificially fed should be under medical care, and most babies fed naturally are the better for it. This is where the poorer mother scores. In towns, at any rate, she has always the benefit of a trained health visitor's advice, and can take her baby to infant clinics, if she cares to. There the baby is weighed weekly, and seen by the doctor every week if necessary, sometimes several times a week, even every day at times, but at least once a month. Any mother may go if she chooses. It is not enough to think your baby is doing well, but to make sure. Weight is not everything, but it is a very good indication of progress, and unless a baby is gaining steadily, neither too much nor too little, there is usually something wrong. Even the baby fed naturally needs supervision, especially when the time for solid food arrives. One of the greatest benefits an infant clinic can and does bestow is the prevention of artificial feeding before the normal time, and then the giving of the right sort of diet. In many cases where the baby has been on a bottle for as long as a couple of months it may be safely got back on to natural feeding. Recently a mother brought a baby to

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