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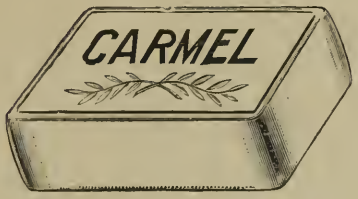

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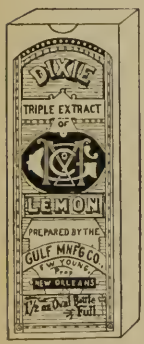

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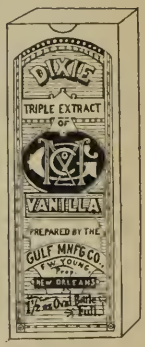

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BABYHOOD'S
Health Library

CONTAINING

Diet for Young Children

By DR. L. EMMETT HOLT

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By DR. LEROY M. YALE

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By DR. CARL SEILER

Colds: Their Causes and Prevention

By DR. LEROY M. YALE

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THE FEEDING OF YOUNG CHILDREN.

BY L. EMMETT HOLT, M.D., NEW YORK.

[Reprinted from BABYHOOD.]

IT is the purpose of the present article to proffer a few hints upon the feeding of children from one year old until they are able to adopt the varied diet of the family, at from two and a half to three years of age. Up to one year all children should, of course, have a mother's milk; and for those who are denied this blessing, previous numbers of BABYHOOD have given due advice. Until this time is reached all is plain sailing, but henceforth many mothers realize the great need of help.

Careful attention to feeding during the second year is quite as important as during the first, as a glance at the following statistics will show. In looking over my cases of summer diarrhœa for the past few years, I found that, of over four hundred cases, nearly sixty per cent of the whole number occurred between the ages of six months and two years, while only twelve per cent occurred under six months. The most common exciting cause of the disease was improper food and improper feeding.

"But," says some mother, "I don't need any dietetic rules for my baby of eighteen months or two years. He eats everything and is perfectly well."

I have had quite a large experience with these chil-

dren who "ate everything" and seemed to relish it. I have followed a number of them to their graves as the ultimate result of such unreasonable and inconsiderate practices. A child, if strong naturally, may go on for months apparently thriving, in spite of being allowed to "eat everything." But sooner or later —usually sooner—the penalty is paid in a severe attack of inflammation of the stomach or bowels which may cost the child's life, or else lay the foundations for a chronic dyspepsia which lasts through life, causing a feeble constitution and unnumbered privations. We judge of the suitableness of a diet, then, not by the few who may do well, but by the many who do badly. The same applies to certain of the foods sold. One mother's child has thriven under it; hence she advocates this as the one, and the only one, of any value.

This brings us to the point that not all children do equally well upon the same diet, supposing this to be a good one. Differences in constitution and in temperament come in and make it impossible to tell beforehand whether or not certain articles will agree. The only proof is that of a trial in each child, carefully and intelligently made. It often happens, especially in children who are suffering from diarrhœa or from disordered digestion, that a great many trials must be made before the proper thing is found for the particular child. But there is no other way, and we may be sure that in the great majority of cases success will crown our efforts.

In what follows let it be understood that we are speaking only of children who, if not perfectly well, at least are not sick in any ordinary sense of that term.

THE TESTS OF A PROPER DIET.

1. A child should gain steadily in weight—not necessarily rapidly, but steadily. To ascertain this nothing can take the place of the scales. A child, after the first year, should be weighed regularly at least once a month. When it ceases to gain, and more, if it begins to lose, we may be sure that something is wrong, and it is safe always first to suspect the food or the feeding.

2. The flesh should be firm and solid, not flabby. Many of the foods containing starch or cane-sugar in considerable quantities produce fat in abundance; but unless increasing strength comes with the increase in size, it should not be considered a sign of health.

3. Teething and walking should progress steadily. The period of walking will depend something upon the child's peculiarities—one beginning at one year, and another at sixteen months; and yet both may be healthy. If, however, the child, although large and heavy, is not only backward in walking, but does not cut his first teeth until he is a year old, we must investigate carefully to see if other signs of rickets are not apparent, such as bowing of the legs, sweating of the head, etc.

4. Frequent attacks of colic, vomiting, and diarrhœal movements, with lumps of undigested food in the passages, should be looked upon as positive proof that the food given is not agreeing with *this* child, whatever it may do for others.

5. Lastly, a healthy skin and quiet, peaceful sleep. The most frequent cause of disturbance in either case is the food.

CAUSES OF FAILURE IN ANY DIET.

Here again, as happens so often in caring for children, it is not only what we do, but *how* we do it, which makes all the difference between success and failure.

First, the *manner of feeding:* it should be neither too rapid nor too frequent. It is just as important in the case of children as with adults that the whole meal be not swallowed within five or eight minutes. Many people's idea of feeding a young child, especially if its food be fluid or semi-fluid, is that the process differs essentially in no ways from that of filling a jug through a funnel; that all that is required is to pour in until the receptacle overflows.

Next, the *frequency of feeding* is largely a matter of habit with the child; it can be trained to almost anything with a little care. During the period which we are considering, most children do better when the interval during the day is not more than four hours. This would give, from 6 A.M. to 10 P.M., room for five meals. It is very important that nothing whatever be given between 10 P.M. and 6 A.M. It is, with few exceptions, the fault either of mothers or nurses if children require night-feeding.

I cannot emphasize too strongly the importance of *regularity;* without it nothing can be accomplished. Nor can I say too much in condemnation of the custom of feeding between meals upon crackers and cookies. For every minute of quiet obtained by such means, hours of fretfulness are the price. Children are often thirsty; then drink, but not food, is required, and should be given. It is amazing what things a child's stomach can master if only it be

given time. But if fresh work be put upon it when its first task is only well begun, it can never rest, and soon refuses to work at all. It follows the example of the laboring classes when they are overworked—it strikes. And then much time and effort are required to settle the difficulties which exist.

Another frequent cause of trouble is the *improper preparation of food*. The food must be fresh, and freshly prepared for each feeding. Messes that have been "warmed over" should never be given. Great care especially should be exercised in regard to the milk given, where this forms a prominent part of the diet, as, indeed, it should always do. I recently saw in an institution in this city every one of twenty-three healthy children occupying a ward attacked in a single day with indigestion and diarrhœa from eating milk which was found to have been unfit for food. Milk should never be allowed to stand about the room in open vessels. In cities it should be kept upon ice until it is needed for each feeding; and in the country in as cool a place as possible. In all places it should be anywhere but in a room used for sleeping, sitting, or living generally.

What has been said in regard to milk is true of all the foods prepared with milk, of all broths, soups, gruels, etc. In warm weather this is, perhaps, the most frequent of all causes of all serious disturbance of the stomach and bowels.

Overfeeding, also, is a very common cause of trouble. It is very often the quantity and not the quality of the food taken that is the cause of its disagreeing with the child. Too much at once is likely to be taken, if the child be fed rapidly, or if the interval of feeding has been prolonged to five or six

hours. Children are often stuffed with food when they are only thirsty. Water should be frequently given at all ages and in proper quantities.

No definite rules can be laid down as to the number of tablespoonfuls or cupfuls that a child may take at a given age. Children differ as much as do grown people in this particular. The normal desire of the child is, perhaps, the best guide. But great care and judgment must be used in each case by the mother herself. In any case, if a child vomits within fifteen or twenty minutes after feeding, it is pretty safe to infer that the quantity has been too great. (Children often vomit or regurgitate from want of quiet after food; retaining the food perfectly if they sleep after it, vomiting if dandled or allowed to play.)

The points enumerated above should all be carefully considered before a radical change in the diet is made; for, in a large number of instances, the causes of failure are to be found here, rather than in the articles employed.

The following are *improper articles of food for a healthy child under two and a half years, under all circumstances:*

Meats.—Ham, sausage, pork in any form, salt fish, dried beef, corned beef, goose, duck, stewed kidney, liver and bacon, dressing from all roast meat, and all meat stews.

Vegetables.—Potatoes except when roasted, cabbage, raw celery, raw or fried onions, radishes, cucumbers, tomatoes raw or cooked, beets, and carrots.

Bread and Cake.—All hot bread or biscuits, rolls, etc., buckwheat cakes, all sweet cakes, especially those warm or containing dried fruits, or those heavily frosted.

Desserts.—All nuts, candies, dried fruits, raisins, etc., apple sauce, preserves, and pies.

Drinks.—Tea, coffee, chocolate, wine, or beer.

Fruits.—Bananas, all fruits out of season, all stale fruits, especially in cities and in summer. Grapes are objectionable only from their seeds. With most other fruits it is *quantity* which makes them injurious.

Articles of food allowable for children from one to two and a half years:

Milk should be the basis of the diet. A stout, well-developed infant should be allowed from a pint and a half to two pints and a half a day, according to the age and the amount of other food taken. In the country pure cow's milk, and that from a number of cows mixed, rather than from a single animal. This is the universal testimony of the best physicians, although a popular prejudice exists in favor of the milk of a single cow. In cities where pure fresh cow's milk is not to be had, the condensed milk delivered fresh from the wagons daily is to be preferred. All forms of canned condensed milk have this objection, that a considerable quantity of cane-sugar has been added to preserve it. While this often causes a rapid increase in fat in the child, it cannot on the whole be recommended, as it certainly predisposes to attacks of colic, indigestion, and diarrhœa, and, many good authorities believe, to rickets also. Still, it must often be used as the best food that can be obtained.

Meats should not form any prominent part of the child's diet until he has most of his teeth, which with the majority of children means about eighteen months. Before this, meat should be given very sparingly, finely bruised, minced, or scraped. Until

a child has passed his third year, once a day is often enough for meat to be given. The meats allowed are roast beef or beefsteak, both rare; white meat of chicken or turkey, well done; rare roast lamb and mutton-chop. If fish can be obtained fresh, it may be given in small quantities broiled or boiled, never fried. The only objection to it is the bones. Salt fish should never be given. Raw oysters agree well with some older children, but under two and a-half years they had best be regarded with a wholesome distrust. No fried meats should be given.

Vegetables, as a class, are to be avoided in any considerable quantity until the second year has been passed. The potato is one of the most injurious as ordinarily used. It is not so harmless as it looks. It should never be given more than once a day, and then it should not form the principal part of the meal. It should be given roasted, never stewed, fried, or boiled, and best with the juice of roast beef or lamb—*i. e.*, "platter gravy." More mothers who are intelligent and thoughtful err in regard to potatoes than concerning almost any other article of the child's diet. Potatoes should *never* be bolted, even if mashed. Other vegetables which may be allowed to children over eighteen months are asparagus, string-beans, fresh peas, and boiled onions, all well cooked and entirely fresh, and possibly lettuce.

The Cereals and Starchy Foods, although used sparingly or not at all during the first year, after this time should form throughout childhood an important part of the diet. The most valuable ones are oatmeal, wheaten grits, arrowroot, sago, barley, rice, wheaten flour, and corn starch. It is a decided advantage to have a large number of articles of this

class, to get some variety in the diet. It is of the utmost importance that all these should be thoroughly cooked. Arrowroot is the most easily digested, and should be selected in case of a delicate child with feeble digestion. Oatmeal and wheaten grits are especially valuable where there is a tendency to constipation. Rice and barley may be used to add to soups and broths, or the latter may be made into a jelly to be added to milk. The following is Dr. Eustace Smith's mode of preparing barley jelly: Two tablespoonfuls of washed pearl barley and a pint and a half of water boiled slowly down to a pint in a saucepan; strain away the barley and allow the liquid to set into a jelly.

Wheaten flour may be used with advantage prepared in the following way, known as the "flour-ball": A pound of "entire flour" is tied up in a pudding-cloth and boiled steadily for twelve hours. When cold the outer covering is cut away and the hard interior is reduced to powder with a fine grater. By this process the greater part of the starch has been converted into dextrine, so that it can be readily digested even by a very delicate stomach. Many of the foods sold at high prices, under high-sounding names, consist of little else than wheat-flour in which this change of the starch into dextrine has been accomplished. A heaping teaspoonful of the powder thus obtained should be rubbed up with a little cold milk to the consistency of cream, and then a teacupful of hot milk added with stirring over the fire. This will be found often to do exceedingly well with infants just weaned, and may be used twice a day.

In all of the articles of this class care should be taken not to use much sugar. Most of them are

best taken without any. All should be given slowly, and children taught and encouraged to masticate them thoroughly; because they are softened by cooking it is not to be thought that mastication is unnecessary.

Broths are useful, not only for affording an opportunity for variety in the diet from milk, but are to be used where milk may not agree. To be recommended are consommé soup, mutton and chicken broth, to which may be added rice or barley, and beef-tea. Broths should be made of chicken, lean beef or mutton, of the strength of half-a-pound of meat to the pint of water for younger children, or a pound to the pint in older ones.

They should be prepared as follows: Cut the meat into small pieces—if beef, use steak—add the water, and cover in a saucepan. Let it stand by the fire for four or five hours, and then simmer gently for two hours. Strain and serve after seasoning moderately with salt. Great care should be taken that all fat and gristle be removed at first.

The expressed juice of beef is made as follows: A tender steak, cut an inch and a half thick, should be broiled till cooked through, but not beyond blood-red color. The juice of the steak should then be squeezed out with a lemon-squeezer and seasoned. One or two tablespoonfuls may be given at a time with stale bread-crumbs to a child of a year or fourteen months.

Bread should be given only when stale; wheat or Graham may be used thinly buttered; gluten or milk crackers may be taken freely with meals, but not between meals.

Desserts which may be allowed to young children are few. About the only ones are plain custard, rice-

pudding without raisins, and ice-cream. A tablespoonful of the first two, and half as much of the last, is as much as a child of two years should take at once. They should not be given at all before eighteen months.

Fruits, when ripe, fresh, and in season, of almost all varieties, may be used in moderate quantities. Oranges, pears, grapes with seeds removed, peaches, apples, may all be used after eighteen months, but before should be used very cautiously during hot summer weather.

Eggs, soft boiled—*i.e.*, two minutes—may be given occasionally for variety; they may also be used poached, but never fried.

These articles comprise enough to give needful variety to any child in health. The following diet lists, which have been taken, with some slight changes, from Eustace Smith, show how these articles may be combined and given:

DIET FROM TWELVE TO EIGHTEEN MONTHS.

First meal, 7:30 A.M.—

Slice of stale bread and large cupful of fresh milk.

Second meal, 11 A.M.—

Cup of milk with Graham cracker or bread and butter.

Third meal, 1:30 P.M.—

Cupful of beef, chicken, or mutton broth, with bread; tablespoonful of rice-pudding.

Fourth meal, 5:30 P.M.—

Same as the first.

Fifth meal, 11 P.M.—

A drink of milk if required.

ALTERNATE DIET, SAME AGE.

First meal—

Soft-boiled egg.
Thin slice of bread and butter.
Cup of milk.

Second meal—

Drink of milk.
Bread and butter, or cracker.

Third meal—

Small roasted potato, well mashed and moistened with two tablespoonfuls of "platter gravy."
Cup of milk.

Fourth meal—

Slice of stale bread and cup of milk.

Fifth meal—

Milk if required.

Water is to be allowed with meals, if desired, or between meals; it should be cool but not iced, and only small quantities taken at once. Filtered water is always to be preferred, or water that has been boiled.

It is important that the first meal be given early in the morning soon after waking. A child should not be compelled to wait two or three hours until the family have their breakfast.

DIET FROM EIGHTEEN MONTHS TO TWO YEARS.

First meal, 7:30 A.M.—

Cup of milk.
Slice of stale bread or cracker.

Second meal, 11 A.M.—

Milk and bread.

Third meal, 1:30 P.M.—

Thin slice of rare roast beef, mutton, or white meat of chicken cut very fine, or, better, scraped.
Roasted potato with "platter gravy."
Dessertspoonful of ice-cream.

Fourth meal, 5:30 P.M.—

Bread and milk.

The fifth meal, at 11 P.M., may now be omitted.

ALTERNATE DIET, SAME AGE.

First meal—

Tablespoonful of well-cooked oatmeal or wheaten grits, saucerful of milk, half a teaspoonful of white sugar, slice of bread and butter.

Second meal—

Bread and milk.

Third meal—

Beef or chicken broth, cupful, with bread.
Small piece of broiled fish or mutton chop.
Tablespoonful of plain custard.
Cup of milk.

Fourth meal—

Bread and milk.

These diet lists are given as illustrations merely. Many more can readily be made out by any mother in accordance with the suggestions given.

After two years are past a little more freedom can be used in the food. The principal meal should always be in the middle of the day and never at six o'clock. Until three or four years of age the evening meal should be limited to bread and milk. Meats may be given in greater variety, but only once a day. Arrowroot, corn starch, rice, and barley may be used more freely. A considerable variety, too, may be made in the broths and soups.

COLDS: THEIR CAUSES AND PREVENTION.

BY LEROY M. YALE, M.D., NEW YORK.

[Reprinted from BABYHOOD.]

THE name "a cold" is an instance of the curious survival of a term long after its original meaning or the idea involved has been changed. It once meant a disease or an ailment which was supposed to be caused by the action of cold upon the body by exposure or otherwise. Hence all sorts of "colds" were described in the common speech. Not only the "cold in the head" (coryza), or "on the lungs" (bronchitis), but various muscular or neuralgic pains in the trunk or limbs had specific names as varieties of "cold."

Now, there is no doubt that a great variety of the latter type of ailments do exist, but to them very generally is now applied another term scarcely more definite, namely "rheumatic," or the rather more elegant sounding "neuralgia," while the name "a cold" has become restricted in a great measure to those catarrhal affections of air-passages of which exposure to cold is not the ordinary or most efficient cause.

Long before medical bacteriology existed, physicians recognized the improbability that "prevailing colds" were caused by imprudence. For not only was it unlikely that a very large proportion of the population, both old and young, should be at the

same time exposed or be imprudent, but it was noticed that these colds were usually not most prevalent when the weather was coldest nor in cold climates; that, in fact, they often widely prevailed at the time of year when the weather was mild. "Some atmospheric influence" was suggested as the cause. At the present time we think we recognize this "influence" to be the presence in the air of organisms which are the active agents in causing the disease. As every one knows, the organisms which cause certain diseases can be recognized by the aid of the microscope. It is not unreasonable, within certain limits, to infer a like organ for other ailments which manifest a similar mode of invasion, progress, and spreading.

Has, then, cold or exposure no influence in causing these catarrhs? They certainly have an influence in several ways. For instance, by lowering the condition of the system its resisting power is diminished, and it is unable to repel attacks which it ordinarily might easily do. As the organisms concerned in the causation of common colds are not definitely known, we can speak only from analogy. We know, for example, that the coccus which causes the common kind of pneumonia often exists in the mouth or elsewhere without apparent harm, but such a person exposed to the depressing influence of cold might have a pneumonia as a sequel. Similarly of the tubercle organism or of others. Again, it is true, at least to all appearance, that the development of many organisms is hastened or favored by certain conditions of atmosphere. It should be said, however, that in these the element of dampness seems to be more efficient than low temperature alone.

There is another type of "cold" in which the in-

fluence of atmospheric conditions or of temperature is easily seen. The mother says, "That child is always catching cold; she is no sooner over one than she has another." Such children really do not take new colds so frequently as the mother thinks. In nearly all these children, if they be examined, will be found some derangement of the nose or throat which is chronic, and which is only re-excited to manifestations by some exposure to cold or dampness. The particular trouble may be a nasal catarrh, with or without some distortion or peculiarity of the septum or the turbinated bones. It may be that an adenoid growth (enlargement of the so-called "third tonsil") exists in the posterior nasal cavity. The tonsils may be enlarged or the pharynx or larynx may be the seat of a mild chronic inflammation. Such children, as often as they are exposed to cold or to dampness or both, manifest symptoms of increased irritation, such as nasal discharge, obstructed breathing, sore throat or cough, and are supposed to have caught a "fresh cold." In fact, they have simply re-excited an old and uncured malady.

The practical interest of the foregoing remarks lies in the help they may give in the prevention and cure of these various sorts of colds, and, as "an ounce of prevention is worth a pound of cure," the former may be better first spoken of.

The three types of "cold" described have this in common, that, namely, they are partly or wholly excited by exposure to cold and damp. It at once follows that the first principles of prevention would be to prevent or diminish the exposure and to increase the power of resistance to such exposure.

The susceptibility to the simple type of "cold," for

which no element of contagion can be presumed—that kind of cold, in other words, which attacks individuals after exposure to cold and damp, and which shows no special tendency to attack others—is certainly greater in some persons than in others; but for all the chief element of exposure seems to be rather variation of temperature than a low temperature as such. The physiological explanations which have been given for this need not be recited here, but every one is perfectly familiar with the fact that one is chilled by sitting in a draught or even in a room of varying temperature more than by being out of doors in brisk, cold weather.

A careful attendant will guard against these variations without unduly coddling a child. There are some peculiarities about the temperature of the nursery which deserve mention, although the readers of BABYHOOD have been often enough reminded of them. The first is the very frigid region near a window. This is not necessarily nor mainly due to leaky windows, but to the fact that the glass rapidly chills the air next it, if there be much difference in temperature between the air without and that within. The result is a sort of cascade of cold air. Children naturally like to look out of the window, and are constantly going from the warm parts of the room to this chiller space. It is wise, therefore, to put in front of the window some article of furniture which, while it obstructs neither light nor the proper use of the window, will hinder the children from playing in that undesirable place.

Another nursery danger which has been somewhat commented on is the nightly change of temperature. The nursery during the day has been

kept warmed at least to 70° F., and is probably near that point, unless it has been previously purposely aired, when the child is put to bed. Before morning the temperature will have fallen to somewhere between 45° and 60°, according to the outside temperature, the exposure of the nursery, or the efficiency of the heating apparatus. As a result the child, if not very judiciously attended to, is overheated and perspiring in the evening and chilled before morning.

These two instances will suffice. It is not possible to point out many ways in which children may take cold, but the mention of a few will suggest others.

Now, it will at once be seen that it is practically impossible to prevent chilling, and we are driven to the other resource of rendering, as far as practicable, the child less sensitive to these fluctuations of temperature, and less liable therefore to suffer from such exposure.

Its readers well know that BABYHOOD has never approved of the so-called "hardening" process for children. This is because this process, as generally understood and practised, is not a process which strengthens; it is simply a method of injurious exposure. Thus, to neglect wet feet, to load the body with unnecessary clothing and leave the legs bare, is to invite disease by artificially creating the uneven chilling of the surface which seems to be the main source of danger from draughts. But "hardening," in the sense of putting all the organs in the best possible condition, is the best of hygiene. The respiratory organs, the digestive organs, are pre-eminently those that should be looked to. The respiratory organs are, so far as domestic care goes, kept in sound order by pure air, not only out of doors, but indoors,

as far as obtainable. Ventilation without draughts can be obtained in the nursery and living rooms by care and forethought. The air need not be cold to be pure. Pure and properly warmed air can be had without stuffiness and without over-dryness. But pure air outside of the body is of small value if it be not well introduced into the lungs. See, then, that children have good habits of breathing, with erect spine and head, closed lips and open nostrils, drawing the air well into the recesses of the lungs. Exercises of the muscles of the shoulders and chest strengthen the breathing power. Good breathing power, other things being equal, gives good heart power.

Neglect or disorders of the digestive organs we believe to be very powerful in increasing the susceptibility to "colds." Every physician knows why this is so, but the reasons are not called for here. The diet should be nutritious, but at the same time digestible, and not rich in the sense of burdening the digestive power. It should, if possible, be such as to keep the bowels free, and, if they are not thus kept in order, they should be medicinally attended to. The great popularity of castor oil as a cure for colds shows the popular recognition of the fact that many so-called "colds" are really due to matter improperly retained in the intestinal canal.

The susceptibility of the skin can be considerably diminished by cool bathing. The exact temperature of the bath will vary with different children, but the rule will be that the water should be as cool as the skin promptly reacts from. A bath which chills defeats its purpose. Immersion in cold water is not advisable, or at most but for a moment. A method

of bathing often mentioned in BABYHOOD is suited to most cases. The child stands in slightly warm water ankle-deep, and is sponged with cool water, and then dried by smart rubbing. Those parts, like the face and neck, most exposed should always be rubbed with cold water at the morning bath, unless the child be noticeably feeble.

Clothing should be adequate as a protection, but not burdensome. It should be loose enough to allow of perfect freedom of motion, as free exercise is necessary to warmth, as well as to comfort, nutrition, and development. It should, moreover, be as uniform as practicable in thickness over the body. Many popular styles of dressing children violate every rule of wholesome dressing. The difference between indoor and outdoor clothing should have due relation to the difference in temperature.

Besides these general hygienic safeguards, some special ones should be noticed. When a "cold" prevails it is well to consider whether it be not some sort of a contagious malady. That is to say, if it is noticed that in a family one person after another is affected by a "cold" of the same type, particularly if there be with it any feverish symptoms, it is well to consider such a cold as probably contagious, even if we cannot prove that it is so, and to keep children, when practicable, out of the way of the contagion. This is often not feasible in any strict sense, but it is possible to avoid kissing, unnecessary fondling, etc. Even such slight precautions as these, with the hygienic suggestions before mentioned, will often save children when "colds are going around." At the outbreak of influenza in 1889 its contagious character was not usually acknowledged, yet instances

are recorded of the inmates of a large institution entirely escaping, while the disease was almost universally prevalent beyond the walls, through the rigid quarantine which the officer in charge, a believer in the contagiousness of the disease, had instituted.

For the type of frequently recurring colds, which we have said are very often indeed dependent upon disorders of the nasal or upper air passages, another kind of prevention is very efficient. This consists in a careful toilet of those parts at least once a day. The most convenient method of cleansing is spraying, but, in default of this, gargles for the throat and liquids snuffed into the nostrils are useful. By means of the spray the nasal passages may be cleared of collections of mucous or other discharges there collected, and, if the liquid used for spraying be antiseptic, the parts will be put into safer condition than before. In the same way the tonsils and the back of the throat may be kept clean and rendered less vulnerable. The reason is that in the multitude of folds and recesses in the mucous membranes of these parts old secretions keep up favorable conditions for the reception and growth of various organisms which excite not only the symptoms which we call a "cold," but throat troubles of various sorts, including the gravest. We have known the experiment tried by physicians of having certain families in which throat troubles prevailed every winter give daily care to their throats in this manner, with a surprising diminution of such troubles as a result.

THE PREVENTION OF CHRONIC NASAL CATARRH.

BY CARL SEILER, M.D., PHILADELPHIA.

[Reprinted from BABYHOOD.]

CHRONIC nasal catarrh, which is so prevalent in this country that no other one disease can be compared with it in regard to the number of cases, and which afflicts more than ninety per cent of the entire civilized population of America, is generally supposed to be an incurable disease. This erroneous popular idea has arisen from the fact that the general public, as well as many physicians, are as a rule ignorant of the true nature of the disease, as also of the train of symptoms and after-effects upon the general health which it produces. It is, therefore, not to be wondered at that when the physician has failed to cure or even relieve the ailment by his misdirected treatment, the public is imposed upon by quacks and their nostrums, and that when these fail to bring about a cure, the mass of people, and even the physicians, pronounce the disease incurable. Specialists, however, are fully aware that most cases of simple chronic catarrh can not only be cured by properly directed and efficient treatment, but that by understanding its nature and causes the disease can and ought to be prevented from becoming chronic.

In order to get a clear and comprehensive idea of

the nature of this disease and to understand the reason why it is so prevalent, we must, above all, first inquire into the conditions which cause its beginning in an individual, and then follow its development, its protraeted course, and its secondary effects upon the system at large. Then only can we comprehend its various groups of symptoms and its far-reaching, pernicious effeets upon the human system in general and upon the organs of respiration, the throat and lungs, with the bronchial tubes, in particular. Then only can we intelligently and confidently carry out the necessary measures for not only the cure, but, above all, the prevention of this disease. Thus we shall not shrink from apparently harsh measures, seemingly harsh only when viewed from the stand point of ignorance of their ultimate beneficent and curative effects, which may be instituted by the expert specialist, who, being thoroughly conversant with the nature and cause of the disease and its baneful effects, knows best what measures shall or shall not be taken to effeet a cure.

It is in childhood, in the nursery, when and where the seeds of this prevalent malady are sown, and where their growth and development are fostered by well-meaning prejudices as well as by the extremes of over carefulness and carelessness in the bringing up of children, and this is particularly true in the nurseries of the well to-do classes. Such children, as a rule, are housed up too much, are enveloped in garments which are too warm, both in summer and winter, are fed on food which is too heating for the system, without the exposure and exercise in the open air whieh is one of the great blessings of the children of the poor and which lays the foundation of

a robust constitution in them. Now let such a pampered child, of, say, three or four years of age or younger, catch a cold in the head, a simple inflammation of the lining membrane of the nose, in itself a trivial ailment, which, when let alone, under ordinary circumstances, and often even amid the most unhealthy surroundings, such as exposure to cold, wet, or foul air in the slums of our large cities or in the country, gets well of itself within a week or ten days—and observe how it is troubled. There are the well-known symptoms of sneezing, sense of fullness in the nose, running of the nose, which becomes gradually filled by the accumulation of mucus, partly because the child has not as yet learned to clear the nostrils by blowing, and partly because of the swelling of the lining membrane and the tissue underneath it, causing the little patient to breathe through the mouth; in all you have a picture of the symptoms of chronic nasal catarrh in its earliest stages. A frequent repetition of such a cold in the head at short intervals, or, as so frequently happens, the running of one attack into the other before the lining membrane has thoroughly healed and assumed its normal function, must necessarily produce permanent abnormal changes in that lining membrane and its underlying tissue, and thus the function of the nose as an organ of respiration is interfered with.

It is a well-established fact that all the organs in the body are so intimately connected with each other that a disturbance of function of one of them affects all the others more or less seriously, and it is the harmonious working together of all the organs which produces that natural state of the system in which we are unconscious of having any organs, and which

we call perfect health. As soon, however, as one or more organs are disturbed we become uncomfortably or painfully conscious of their existence, and we term this state disease.

The first effect of this swelling and accumulation of mucus in the nose is an obstruction of the breathing channels of the organ, more or less complete, which in turn makes it necessary for the patient to breathe through the mouth. As the air is not warmed, moistened, nor filtered from dust, as it is when passing through the nose, the throat first becomes irritated by this unprepared air, and gradually the bronchial tubes and lungs become also affected, thus in many cases laying the seeds for consumption. But there is another very serious effect of nasal obstruction which is not usually recognized as to its cause, owing to its very gradual course, and that is deformity of the bones of the face. As the nose does not fully develop before the twelfth or fourteenth year, an obstruction of its channels in childhood must necessarily interfere with its normal growth and that of other bones of the face, particularly the upper jaw; so that the most common deformities caused by catarrh are deviation of the bridge of the nose to one side or the other and a narrowing of the arch of the upper jaw, causing the frontal incisors of the second teeth to grow forward and to overlap each other, and in aggravated cases the so-called frog face is produced.

The tonsils and other glands of the upper throat are also irritated and become diseased, so that quinsy and enlarged tonsils are a frequent complication or rather result of chronic catarrh in children as well as in adults. Spasmodic croup also may in many cases

be traced for its cause to nasal obstruction in children. If there is any hereditary scrofulous tendency in the child the swellings of the tissues in the nose may speedily become absorbed, and with them the natural glands which in the normal condition supply the necessary moisture, so that the accumulations of mucus become dry, forming scabs which tightly adhere to the mucous membrane lining the channels of the nose and, becoming putrefied, emit a peculiar and very disagreeable odor, which, however, is not perceived by the patient, owing to the fact that the nerves of smell are also affected by this shrinking and drying-up process, but which is very noticeable to others. Fortunately this form of chronic nasal catarrh is comparatively rare, according to careful statistical investigations, but, owing to the fact that it is so easily detected by its stench, popular opinion is at variance with scientific investigation and supposes this variety of nasal catarrh to be more common than it really is.

Space in a short article like this does not permit me to enter more fully into the various symptoms and effects of this prevalent disease, and I can only hope that enough has been said to awaken the interest of the readers in the subject and to stimulate them to action for the purpose of preventing, if not curing, so insidious and far-reaching a local disease; for it is in the power of mothers in guarding their children to prevent the harmful effects of chronic nasal catarrh.

This prevention must necessarily consist in a successful endeavor to avoid the causes giving rise to nasal catarrh, and this can be done by careful attention to the child's clothing, feeding, and general

cleanliness, as well as scrupulous cleanliness of the nasal organ by non-irritating washes, and general hygienic surroundings, such as plenty of fresh air, well-ventilated bed-rooms, an adequate amount of exercise in the open air, rain or shine, sufficient but not too warm clothing, etc. All of these general rules have often been discussed in BABYHOOD, so that it would be superfluous for me to enter into their details here; but there is one point, and a most important one, in the prevention of catarrh, which, to my knowledge, has not been written about in any magazine, and that is the necessity of cleansing the nose by *washing* it out, not merely by blowing it—a procedure which at first glance may seem harsh, and against which not only children but adults rebel, because, in the first place, it is strange, and secondly, because almost every one has experienced the very unpleasant sensation produced by sniffing plain cold water up into the nose. And yet it stands to reason that, considering the great amount of dust of various kinds and degrees of harmfulness which floats in the atmosphere of our centres of civilization, and which is removed by filtration from the respired air in its passage through the nose and lodges in its cavities, all this cannot be thoroughly expelled by the act of blowing the nose, particularly when this act is insufficiently performed * It is therefore necessary, in order to prevent this accumulation of dust from irritating the delicate nasal mucous membrane of the

* It has been my experience as a specialist to find that not one in ten women knows how to blow her nose properly, and children, as a rule—that is, children of the better classes—do not learn to blow their noses properly (or improperly even) until the sixth or seventh year of their age.

nose, to remove it by washing out the nasal cavities with a non-irritating wash morning and night.

Such a wash can be easily prepared by dissolving a teaspoonful of bicarbonate of soda and the same quantity of borax in a pint of water, warming the solution to body heat or a little above, say about 100° F., and using about four tablespoonfuls or two ounces at a time. In cases of the dry catarrh in which there is odor connected with the disease, a few drops of carbolic acid or a tablespoonful of Listerine can with advantage be added to the solution as an antiseptic and disinfectant. A more convenient and perhaps more satisfactory method of preparing the solution is to dissolve one of the "Seiler's Antiseptic Pastilles" in four tablespoonfuls of warm water. The pastilles are more satisfactory for the reason that they make a solution of the proper density, which is necessary to prevent smarting, which cannot always be avoided in the soda and borax solution, because teaspoons differ in size and may be heaped, and a different density of the solution results each time it is made. The mode of using the pastilles is very simple and should be carefully adhered to with children, because it is a *natural* mode; any artificial means, such as douches, sprays, inhalers, and what not, are not only ineffectual in accomplishing the purpose, but in many instances have proved to be harmful, besides being instruments which in themselves are abhorrent in the child's mind.

Take a small cup or tumbler (one of the graduated medicine glasses is the best, as the exact quantity of water for making the solution from the pastilles can be measured), put four tablespoonfuls of the warm solution into it, place the end of the nose inside the

cup or glass near the margin, tilt the vessel toward the face until the level of the solution covers the nostrils, and then *gently* snuff the liquid up the nose, then remove the tumbler or cup and blow the solution out of both nostrils at once *without* compressing either or both with the fingers, nd repeat the operation until the amount of solution is exhausted.

Children when quite young soon learn to manipulate the solution in the nasal cavity so as to prevent its entrance into the larynx, and they will not do without the nasal wash, or, as many call the procedure, "drinking through the nose," because of the pleasant sensation and the freedom of respiration following it. Of course it requires at first gentle persistence on the part of the parents or nurse, but no more than is required to teach the child the use of the toothbrush, the early use of which we all know has done so much to prevent decayed teeth.

This thorough cleansing of the nasal cavities, together with the proper hygienic surroundings, will in most cases cure a cold in the head in an incredibly short time, and in avoiding a frequent repetition of colds will surely prevent chronic nasal catarrh. Space forbids me to enter upon the home treatment of the disease when once established, but if these few remarks on how to prevent it will bear some good fruit I shall be satisfied.

CONSTIPATION IN CHILDREN AND ITS DOMESTIC MANAGEMENT.

BY LEROY M. YALE, M.D., NEW YORK.

[Reprinted from BABYHOOD.]

BY constipation is meant a condition in which the bowels do not move as frequently as is usual with other persons of the same age or as is usual with the person concerned. The former would be an habitual or chronic condition, while the latter might be only temporary. We intend to consider the constipation of infants and young children In infancy two or three or possibly four daily evacuations are usual, and in childhood at least one daily should be looked for. It will be seen, therefore, that if an infant had but a single evacuation daily, and that one seemed to be of proper character and ample in quantity, the child should not be considered constipated, and that, on the other hand, three or four daily movements, if habitual and of good character, might be consistent with perfect health. Our opinion would then be guided not so much by the number of the movements as by their character, and by whether or not they were more or less frequent than had previously been the habit of that child.

In considering the causes of constipation we may here omit all reference to the constipation which attends some serious or grave maladies, and concern

ourselves only with the constipation which may be considered merely as a disarrangement of function, or that dependent upon milder ailments, and which in some sense, at least, comes within the domain of domestic medicine.

There are, to begin with, good anatomical reasons why an infant should be relatively more constipated than adults. The small intestine is longer and narrower. The lower part of the large intestine is also comparatively longer and more tortuous, and the whole intestinal canal has a less developed and therefore less powerful muscular layer. All these and some other structural peculiarities favor a constipation which will naturally yield to the changing conditions and relations brought about by growth and development. It may be added that any debilitating condition of the body, and notably rickets, will exaggerate this muscular weakness which favors constipation. Similarly, a previous diarrhœa may have impaired the muscular power, with the same result.

The causes which are operative in adult life may likewise be efficient in childhood or infancy. The neglect of regularity in attending to evacuations begets a toleration of its contents on the part of the bowel. Want of sufficient liquid to render the intestinal contents sufficiently soft may be a cause of constipation. This deficiency may occur from too little water given in drink or from a scantiness of the various intestinal secretions. But it should not be forgotten that some of these liquids—the bile at least—have a distinct laxative action, and any deficiency causes a costiveness in more than one way.

Probably more than by any or perhaps even by all these causes, constipation in early life is produced by

errors in diet. While the infant is upon the breast the only common error of diet consists in a deficiency of fat (cream). It is now well established that an excess of fat over the amount that is assimilated is a very efficient agency in keeping the bowels free. If this excess is not sufficiently great, constipation is likely to result. In bottle-fed children a similar deficiency of fat in their food is usually followed by the same result. Besides, other errors in the composition of infant-food may produce or aggravate the same result. For instance, young infants are usually unable to digest starchy matter. It ferments, and gas is formed. The latter distends the bowel in such a way as to hinder the action of the muscular coat, and constipation is caused, unless the food is so inappropriate as to irritate the intestines to the degree of producing diarrhœa.

After infancy, constipation may be induced both by food so concentrated as to have no excrementitious residue, or, on the other hand, of such a nature as to form tough masses.

While constipation may be very severe in degree even in young children, it often is no more than an inability or reluctance to expel the fæcal mass from the lower bowel, to which it has descended apparently without difficulty. In this connection it is worth while to mention that frequently overlooked cause, namely, a faulty position in the act of stool. The proper posture will be referred to later, in connection with the subject of treatment.

It is not necessary to detail here all the inconveniences or disorders which may arise from constipation, either from the pressure or from the reabsorption into the system of matter which should

have been expelled. Mothers generally observe the restlessness, fretfulness, and wakefulness of the child, certain local discomforts, and attacks of colic more or less severe.

The treatment of constipation should depend upon the supposed cause. Thus, if a suckled infant is constipated, the probability is that the mother's or nurse's milk is deficient in fat. Four per cent is the normal average amount in breast milk. Analysis will show if the breast milk in question has the requisite proportion, and a rough estimate may be made by raising the cream. If a deficiency is found, attention to the diet of the mother, in the sense of increasing the fat-producing elements of her food, and giving her out-of-door exercise, are likely to improve the fat percentage of her milk. Fat, too, may be artificially given to the suckling either in the form of cream from cow's milk or in that of cod-liver oil.

If the child be upon an artificial food made from milk as a basis, the increase of the cream in the mixture until the proportion of fat reaches the standard four per cent. (or sometimes even more) is the easiest way to relieve the constipation. This may be best done by using a light cream or "top milk" as a basis instead of milk. This generally agrees better than the adding of heavy, separated cream to milk, as in the latter case the cream is apt to be buttery and less digestible. In fact, imperfect tolerance of fats is occasionally found and interferes with our attempts at regulating the bowels.

The value of fat as a laxative does not cease with infancy, but may be made use of continuously. Cream being one of the most acceptable forms of fat

to most children, it may be used instead of butter, which is also very valuable, upon bread, potatoes, cereals, apples baked or stewed, and with many other articles of diet. It is of especial value also as a laxative between the age of exclusive milk feeding and the time when articles of food which are laxative by reason of waste matter (of which laxative vegetables are the chief examples) can be allowed.

The methods of preparing "cream food" or "modified" milk, with which the readers of BABYHOOD have been for a long time familiar, give the key to how to increase the proportion of fat in the food of a bottle-fed infant. Except in the case of those children who have a peculiar inability to digest fats, constipation can usually be overcome in a great degree or entirely if the cream made use of be not too thick or greasy.

It is particularly desirable that the principle of using fats as a laxative be understood, since in infancy we are debarred from the use of nearly every form of laxative food except cream, and it is for this reason that in the first two years of life we are more frequently driven to medicinal remedies for constipation than we are later.

To many children gruels are somewhat laxative. Thus oatmeal or wheat gruels, strained, make good diluents for milk, and, besides the laxative effects, furnish quite a little nutritive matter to the food. So also we have found that malt foods sometimes have a laxative action. While we do not rely upon them for nutrition as a rule, we do sometimes use them as adjuncts when constipation is present. There are many of the malt extracts or foods which may be used for this purpose.

In the second year, when the first molars are present, we have rather larger choice of dietetic relief for constipation. Thus, cereals in the form of porridge may be given, if thoroughly cooked and not too coarse, in small quantity, and their laxative effect heightened by serving them with cream. So, too, stale bread, both white and whole wheat, may be given, the laxative effect of fat being here continued by the use of butter. For some children, moreover, molasses with either the cereals or the bread acts as a laxative. In like manner, gingerbread is often used; that made with molasses is best, and a luncheon of it, with a full glass of water, may be a sufficient laxative. It will be noted that these various articles are often given to a constipated child earlier than they might otherwise be considered quite desirable, the condition being one which puts upon us a choice of methods not quite ideal, and in the choice we are guided by the individual peculiarities of the child considered. Thus, if a constipated child had a good digestion we could make dietetic experiments for its relief, while if its digestion be weak we should prefer to help it in some other way rather than risk an upset.

BABYHOOD has so frequently insisted upon the need of giving even to suckling infants water to drink, that it may be unnecessary to recur to it here; but the laxative effect of freely drinking water is another reason for its use. Infants cannot ask for it, therefore offer it freely and frequently. Let older children have it abundantly. It is most efficient as a laxative, if taken not too hurriedly, on rising or on going to bed.

In the second year there are few laxative vege-

tables which are admissible. Some children of robust digestion can manage a baked potato, which may in their case prove laxative. But this vegetable, if not well digested, favors flatulence, and so impairs the muscular power of the intestine and increases the constipation. After eighteen months of age some children can eat thoroughly cooked spinach, if very finely minced into a purée, as well as tender cauliflower well cooked and served with cream or milk, not melted butter, and, a little later, celery if very well stewed. But as individual digestive ability differs very much, the effect of each should be noted and its continued use be made to depend upon this result. It is of course understood that the laxative effect of vegetables, especially those used green, is due to the introduction into the digestive canal of articles which contain a considerable amount of matter which is indigestible, and as such furnishes a sufficient mass of refuse, let us say, to stimulate the muscular coat of the intestine to the contraction necessary to expel its contents. But here again we must avoid matter so indigestible as to prove irritating and induce indigestion. Hence the need, above mentioned, of watching the effects in each case of each article, and of giving but one experimental article at a time, so that any offending one may be certainly identified.

To a child who likes oil or fat, olive oil of the best quality may be served upon the spinach purée in small quantity, the purée not being very hot. But only the best oil is fit for this purpose. For children in this period, say one and a half to two and a half years, which in the main corresponds to the interval between the eruption of the canine teeth and the

second molars, some fruits may be made use of, especially after two years. In winter the choice of raw fruit is practically restricted to the orange and the apple. The former should be fully ripe, the juice and pulp separated from the seeds and fibrous parts with care. The apple should be a thoroughly good one, as ripe and juicy as possible, and the pulp should be carefully scraped out with a spoon and fed in small mouthfuls. To these fruits we may add figs, which may be given one or two per day, best feeding this pulp with a spoon.

Fruits for cooking are more numerous. The apple baked or stewed, with but little sugar, stands first. Prunes, perhaps, are next in general utility. After stewing, the stone and, for these young children, the rather tough skin should be removed. Dried peaches are rather tough, and can only be used after long stewing, and passing through sieve. The same may be said of apricots.

In summer quite a range of fruit is possible. But here we should repeat our oft-reiterated warning as regards fruits and vegetables. They must be fresh, and those which are to be eaten uncooked must be thoroughly ripe. These requirements being fulfilled, we have first the peach, which, if fully ripe and in perfect condition, can generally be used with safety and advantage. Under the same conditions (which, however, we think, are in this case harder to fulfill) the watermelon and some of the varieties of muskmelon may be given—the ripe pulp only, of course. Selected strawberries can also be allowed, but in regard to this fruit it is well to remember the frequent idiosyncrasy which makes them injurious in spite of seemingly perfect condition. Grapes,

blackberries, raspberries, and smaller fruits with many small seeds we think more likely to irritate than to assist the digestive organs. Their good qualities may be taken advantage of by bruising the perfectly ripe fruit and straining off the juice, which can be eaten with a spoon. This is also the only way young children can have cherries with safety.

A vegetable which is often spoken of as if it were a fruit is the garden rhubarb. It is quite laxative, but so tart that it requires such an amount of sugar to suit it to a child's taste as to render it of doubtful advantage.

The various kinds of bread containing the coarser parts of the flours or meals of which they are made —whole wheat, oatmeal, Indian meal, rye meal, etc.—are all laxative, but they are of various degrees of digestibility. Whole wheat may be used as soon as the child's chewing teeth have come; the others must be tried experimentally, as recommended above.

After two and a half or three years the resources of laxative food are increased by the larger variety of admissible vegetables, especially in the summer.

We have not space to give dietaries for children of all ages. But it should be kept in mind that starchy food, both "infant foods" and bread and the cereals and their like, are not laxative, except in so far as they contain some more or less indigestible refuse matter, as the coarse particles in the various porridges or in unbolted flour, etc. A great part of the laxative effect of fruit is doubtless dependent upon the same elements.

Regarding posture as affecting the relief of the bowels, the writer has elsewhere said:

"Every one knows that the posture most favorable to the thorough emptying of the rectum is that of squatting. When the child is old enough to be placed upon a commode's chair, it is often in such a position as to make defecation very difficult indeed. Its trunk is bolt upright, the feet dangle from a seat which is too high, and the expulsive power of the abdominal muscles is reduced to a minimum. Besides the aperture in the seat is so wide that no support is given to the tubera ischii [the seat bones], the gluteal masses [the buttocks] are crowded together instead of separated, and the descent of the floor of the perineum is much hindered. * * * The use of a low, small vessel is often successful when the commode has failed."

A cover made of thin board, in which is an opening long forward and backward and narrow from side to side, placed over a low vessel, is very useful.

In the nursery, also, massage of the abdomen can be applied often with marked success. Remember that massage is not rubbing but kneading. To prevent friction a very little vaseline or oil may be put upon the finger tips Begin on the right side, a little above the groin; make with the finger tips small circular motions. Go up to near the ribs, then across to the opposite ribs, and down to a point opposite the starting point. In going up make the upward stroke of the circle more marked, and in going down the downward stroke, as if a mass were being pushed along the bowels. Repeat this manipulation for five minutes daily. Later it may be extended to ten minutes, and if necessary twice a day. It is best to do it when the stomach is not full.

Of medicines to be given by mouth we think it better not to speak, as we doubt the advisability of their habitual use, save under medical advice. We might, perhaps, make an exception of sodium phosphate. We prefer for domestic routine either suppositories

or enemata. Neither are without objections, but in cases where dietary or massage is not effectual they are often demanded. In some cases the bowels appear to be ready to act on a slight hint, and a pencil of simple soap, of molasses candy, or even the oiled nozzle of a syringe, simply introduced into the seat, is sufficient to produce this evacuation. These failing, various medicated suppositories may be used.

Enemata are more efficient than suppositories, and may be used when the latter are not adequate. Simple water, soapsuds, bland oils, and glycerine are various examples. The latter is much the most powerful in its action. Of course it is presumed that the enema is to be not too large in quantity and given gently, without injury or fright to the little patient.

In the above we have intended to confine ourselves to such considerations of the question of constipation as seem likely to be of practical use to the mother who has not the assistance of a physician familiar with children's ailments.

REFORM IN INFANT CLOTHING.

[Reprinted from BABYHOOD.]

THE "Gertrude" suit, which has become so widely known throughout the country, is a reform method of clothing for babies during their first few months of life, and does not interfere with their ordinary outside dress or slip, in such styles as taste may dictate, being a "clothing suit" rather than a "dressing suit."

Dr. L. C. Grosvenor, of Chicago, the inventor of this "new way" of dressing infants, thus described the suit in a lecture delivered by him on the subject at the Chicago Homœopathic Medical College:

"I wish to interest you to-day in a more humane and healthful method of dressing our babies.

"A few years ago, when attending at the birth of a child, I chanced to be the only *old lady* present competent and willing to make the little one's first toilet. Now, when we old ladies of the male persuasion attempt to do anything we like to do it well. I got along nicely with the bath, but when the wardrobe was brought in it set me thinking again, as it had done many times before, upon the very inconvenient and harmful way in which we dress our infants.

"In the first place, here was a little bandage to go two or three times around the body over the navel-dressing, to be pinned with four pins—and you know

it is customary to wear this until the child goes into short clothes, or even through the second summer. Now, the Creator has made the abdominal wall elastic for a purpose—to accommodate itself to the varying conditions of the child's digestion. If it has a full meal the wall is large enough, and if it has eaten little it is none too large. If there is wind in the bowel the abdomen distends and gives it room till it can find its way through sixteen feet of convoluted intestine. The bandage destroys all this elasticity and defeats the Creator's plans in the matter.

"The next article I came across was a little shirt made of linen—the coldest goods in the world—starched stiff at that, and having saw-teeth around the neck to keep the baby irritable. Surely this should have no place in the infant's wardrobe. It is neither comfortable to the child nor convenient to the mother.

"Then came the pinning-blanket, one of the most uncomfortable and unhealthy garments ever invented.

"After this comes the skirt, which has the same objection as the pinning-blanket—tightness about the chest. Another objection I have to all these is, that they clothe the chest warmly and leave the shoulders with only a slight covering of muslin—the dress.

"While I am aware it is easy to find fault, but not so easy to show a better way, I am confident I can give you something infinitely better in the 'Gertrude Baby Suit,' entirely free from all these objections, perfectly healthful and beautiful, and very convenient to the mother in using; then, too, the baby now handles like a baby.

"The undergarment should be made of nice fleecy

goods—Canton flannel is the best we have at present—cut princess, reaching from the neck to ten inches (twenty-five inches long) below the feet, with sleeves to the wrists, and having all the seams smooth and the hems at neck, wrist, and bottom upon the outside—the latter turned over once and felled or cat-stitched with colored worsted—a tie and one button behind. Here you have a complete fleece-lined garment, comfortable and healthy, and one that can be washed without shrinking. The next garment is made of baby flannel (woollen), also cut princess, same pattern, only one-half inch larger, reaching from the neck to twelve or fourteen inches below the feet—to cover the other—with generous armholes pinked or scalloped, but not bound, and with two buttons behind at the neck, and may be embroidered at pleasure. The dress cut princess to match the other garments is preferable.

"The ordinary baby dresses are all right, except that I would have them only from thirty inches to a yard in length.

"Now, these three garments are together before dressing—sleeve within sleeve—and then are put over the little one's head at once and buttoned behind, and the baby is dressed, there being but *one* pin—a diaper pin—in Baby's dress instead of *fifteen*. No shoulder-blanket should be used, because it is sometimes over the head, sometimes about the shoulders and neck, and sometimes off entirely, and these changes are exposures. Accustom the little one from the first to go without it.

"At night the dress should be simply a Canton flannel night-dress and a diaper—the dress being not unlike the undergarment in the suit, only a little

longer. It is absurd to think that a child can rest sweetly in a diaper, a bandage, a pinning-blanket, a skirt, and a double-gown, as many a child is expected to do. A good rule is to 'dress the little ones as you would love to be dressed if you were a babe.' There is nothing wonderful about this simple dress. The only wonder is that we have dressed our little ones so badly so long.

"If your husband and I were to go into business together, we would sit down and calculate and say: 'How can we obtain the best results with the least possible outlay of money or labor, and make our business abreast of the freshest thought of to-day?' But when our young mothers go into the business of dressing their first little one they do not ask, 'How can I dress the child best in the physiological light of to-day? How can I dress it so that it will be perfectly comfortable and healthy? How can I dress it with the greatest ease and comfort to myself?' but 'How did my grandmother do this?' So they go back fifty years for their models. All honor to our grandmothers; they did beautifully in the light they had; but if our girls of to-day do not do better than their grandmothers they do very badly.

"The main advantages of this method are:

"1. Perfect freedom to all thoracic, abdominal, and pelvic organs.

"2. That all the clothing shall hang from the shoulders.

"3. The greatest saving of the time and strength of the mother in caring for the babe, there being one pin instead of fifteen.

"4. The resulting health and comfort of the child.

"5. The evenness of the covering of the body,

there being the same covering over the shoulders as elsewhere.

"Let us make the physical life of our babies so perfect and happy as to realize the words of Wordsworth: 'Heaven lies all about us in our infancy.'"

Dr. Grosvenor subsequently wrote to Babyhood as follows:

"Very many inquiries come to us, as they do to you, about the 'Gertrude' suit. Two great thoughts have been uppermost in our minds: (1) To produce a perfectly physiological and healthful dress for the infant; and (2) to reduce the labor of dressing—to lessen the drudgery of motherhood. Our motto has been, 'Health and comfort to the child and ease to the mother.'

"The material for the undergarment has provoked more comment than any one thing. The field of fabrics was fully canvassed, and I believe we have nothing now made so well adapted and so readily obtained by all mothers as a *choice*, *medium-weight* cotton flannel. It is *soft* and *fleecy*, *warm* and unirritating; and, when properly washed, retains these qualities more than any other goods.

"Our grandmothers used flannel, and they were not wholly wrong in choosing it, for changes of temperature are not so quickly felt through this; but in the 'Gertrude' the flannel is there still as a protection, though next outside. Many object that it is not sufficiently dainty and nice; but there are many grades of quality, and the garment can be very daintily made.

"For those who prefer woollen, and whose babies can bear it, the Jaeger Company, of New York and Chicago, produces a stockinet which is elegance

itself and would suit the most fastidious. The garment of this material which you forward to me is so warm and delicate that I almost wish I were a baby again myself. I will retain it a day, as I wish to show it in my college lecture. We wish the first little new-comer who gets it much comfort in the wearing. We begin to see why some of the articles in our valued BABYHOOD are so practical.

"The next most frequent inquiry is as to the adaptability of this suit to different seasons and climates. An extra middle flannel for colder weather is all the change needed.

"Another question frequently asked me in my parlor lectures is: 'Do your babies wear stockings or socks?' 'No; nor mittens,' is my answer. They are sometimes off and sometimes on, sometimes wet and sometimes dry, and do not add to Baby's comfort or health. 'It's too bad,' I know, 'to lay aside those dainty little socks!'

"One lady (and a doctor, too) writes: 'I like your idea very much, but think I will have my dress open in front.' This is a step backward, for it just *doubles* the work of dressing. The suit cannot now be put on all at once. The 'Gertrude' suit is put together and put over Baby's head (the arms put in) and buttoned behind, and Baby is dressed—little work for the mother, and a minimum of vexation to the child.

"As to the night-gown, our own babies wear simply the Canton flannel night gown and diaper, and are splendid sleepers. In coldest weather the flannel skirt besides is worn. We do not button at the bottom, as some suggest, but allow them the largest liberty for their limbs."

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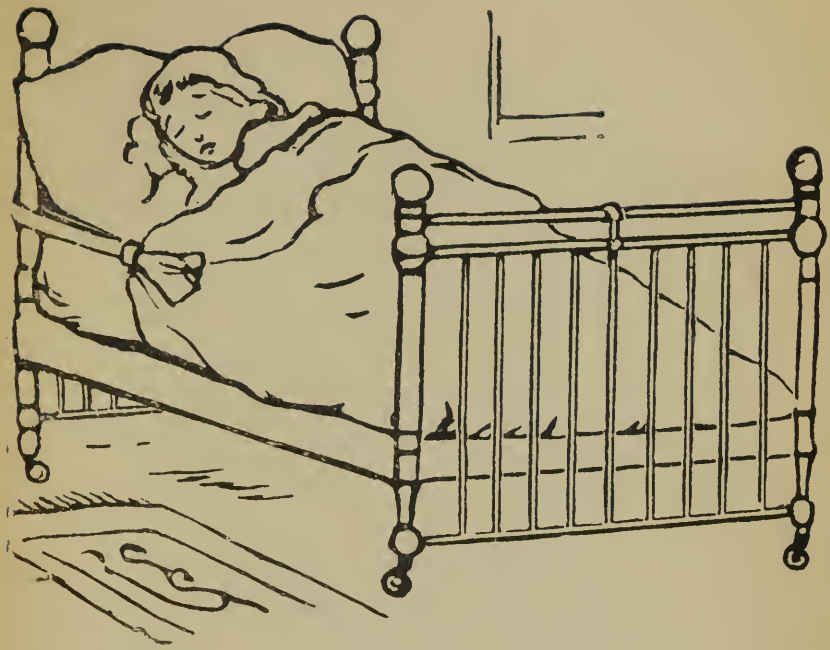

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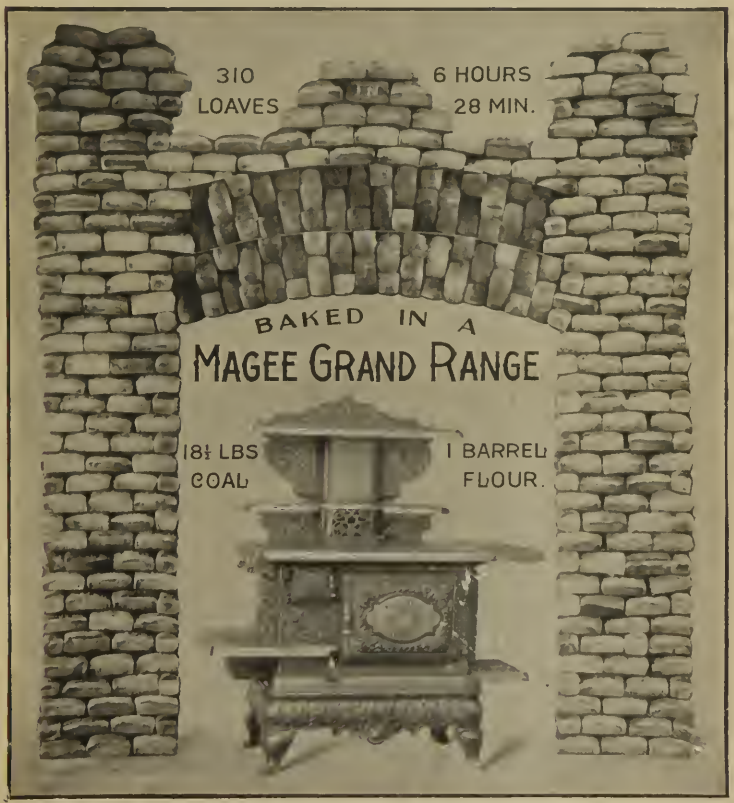

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