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By Dr. F. W. Wyman, Sac and Fox Agency, Oklahoma.



T LAST a better day is dawning for the baby; it is no longer the fashion to subject it to promiscuous kissing, to allow it to roam about the floor feeding on miscellaneous objects that it picks up, and to dose it with all kinds of home remedies. The National Congress of Mothers, the Parent-Teacher Associations, the Bureau of Education, the State itself, are rallying to his aid. They stand ready to cooperate with the parent to the end that their children may receive, during their tender years, the kind of

nurture that will best fit them to survive. Since the Mothers Congress took the initial step in this direction in 1897, much has been accomplished, but according to the latest report of the Commissioner of Education, a great deal remains to be done. Parents in most instances (says the president of the National Congress of Mothers) are without specific knowledge of infant hygiene, child nurture, and home-making. Under such conditions it is no wonder that the infant death rate is still alarmingly high, and even where the children survive, many of them remain susceptible to disease on account of lack of proper nourishment and care during babyhood.

A medical examination held recently in fifteen cities of the United States brought to light the astounding fact that of 547,909 school children examined, no fewer than 29,019 were not only underfed, but were suffering in health from the result of underfeeding. Nor did these children come from poverty stricken homes, in fact a large percentage of them came from homes distinctly well to do. The trouble was not that they did not get enough to eat, but that they did not get enough of the right kind of food. If such conditions are prevalent among members of the white race, it is not to be wondered at that Indian fathers and mothers, too, are often unable to rear their children, in fact the high death rate of the red race is due to a large degree to infant mortality. For instance, on the Sac and Fox Reservation in the past year, out of the eight deaths that occurred, five were those of children ranging in age from one month to four years, and in looking over my records for the past few years, I find that this same proportion is almost constant. Most of these deaths I attribute to neglect, not willful, to be sure, but none the less fatal. No doubt this same cause

(neglect) could be laid at the door of the majority of white parents whose children die in infancy. From these figures it becomes evident that 62½ per cent of the deaths on this reservation occur in infancy, and I believe I am leaving a liberal margin when I say four out of five deaths that have occurred annually could have easily been prevented had the mothers had the proper care during confinement and some instruction about the care of infants after birth.

In my opinion, the only practicable way to give the mothers such care and instruction would be to build a small hospital here and employ a trained nurse, not an ordinary field matron, but a nurse who has had a full course of training, for the mothers have no idea of hygiene and sanitation, neither have they the proper kind of surroundings for a successful confinement. Even should a nurse be placed in charge, the best way to care for the expectant Indian mother on the reservation would be to have her enter a properly equipped hospital and subject herself to the right kind of regime. This would not only insure a normal birth and a rapid convalescence, but what is even more important it would go toward educating the mother in child nurture, for the hospital could make it its business to see that the mothers get instruction about bathing the babies, feeding them, etc., before they leave. Besides this, a weekly clinic, or monthly, could be held at which the babies could be examined and the mothers receive advice as to food, clothing, sleep, ventilation, etc.

Two objections might be raised to this plan, the first, that of increased expense can readily be dismissed. Were the hospital to save only one life, it would amply repay for its erection, for the chances are that it would save not only one life but many. For as I have stated above, it seems to me that had we had a hospital here during the past year, probably four out of five infants that died might have been saved. The other objection is a familiar objection that is raised to every reform or improvement,—the objection that it would not work; that the mothers could not be induced to make use of the hospital even if they had it. Of course, that is a matter that could only be decided by a trial, but I am confident, and it seems to me I am in a position to know whereof I speak, that, a majority of the women on the reservation could easily be persuaded to go to the hospital for confinement. At first, it is true it would take considerable tact to bring this about, but I am confident that it could be accomplished and after they once formed the habit of making use of the hospital and its conveniences, there would be no trouble

whatever. All they need is to learn from actual example the necessity of properly caring for their babies. Object lessons are always more effective than any other kind of teaching. When the mothers see how much better their babies thrive under the careful supervision of the nurse, and how much better they themselves feel after convalescence, they will want to repeat the experience. The instruction can be supplemented from time to time by holding "Better Baby" talks and exhibits. The hospital, in short, could be made the central agency in a campaign for better babies. The results of such a campaign would not be slow in showing themselves. There would be a decided drop in mortality rate among the Indian babies. Campaigns of this kind are by no means new. In 1905-6, Dr. Miehl of Ghent, Belgium, took up the problem of saving children's lives. He established a system of hospitals, milk depots, and schools for mothers. The plan was so successful that the infant death rate fell from 350 per thousand to 40 per thousand. In many cities hospitals are doing good work, educating mothers in the care of babies. They are thus able to care for them more intelligently during the critical period of weaning and teething.

Much of the assistance given by printed matter is out of reach of the Indian mothers who need it most. It is surely time that something should be done toward teaching them the essentials of the proper rearing of children. As it is, the babies are improperly fed and clothed. Many of them are fearfully neglected, dirty, and unkempt. They sleep in poorly ventilated rooms. The result is that far too many of them have little resisting power, and fall an easy prey to childish complaints that are easily prevented in the case of well-cared-for children. These little ones certainly do not get a fair chance. They are being cheated out of their birth-right. It is our business to see to it that the Indian baby on the reservation has a chance to grow up into healthy, happy, useful manhood or womanhood.

Let me repeat that the best way to give these neglected babies a chance to live is to provide proper care for the mothers during confinement and such concrete instruction during convalescence, as will impress upon them the necessity of keeping their babies clean and well fed. The only practicable way to accomplish this is to erect a hospital that will serve as the main agency in this campaign for saving babies that we must wage if we would preserve the Indian from extinction.

THE INDIAN BABY.

By Harley Yandell, M. D.
Agency Physician, Hoopa, Cal.



AS SOON as their eyes behold the light of day, a great many of the Indian babies begin the task of trying to live—"a struggle for the survival of the fittest," amidst dirt, filth, and disease; the results of this struggle are soon visible, demonstrated by trachoma, scabies, and various forms of tuberculosis.

Seventy per cent of them survive without a blemish and enter the day or boarding schools almost perfect. Wonderful is this great fight for life; such endurance can not be duplicated by an offspring of any other race were it subjected to like environments.

Unlike most babies of other races, the average Indian baby receives its first ministration of mercy not from the hands of a physician or nurse, but from the hands of those who can know but little as to its impending needs. Then is there anything strange about the fact that trachoma and tubercle germs find a fertile field for culture in the anatomy of these poor little unfortunate ones? When

I see a healthy little Indian tot, I wonder how it became so, and I also wonder what the results might be were it and the other weak ones subjected to conditions as is possible to perfect from the hands of more field matrons in the field and physicians in the hospitals and sanatoria.

I believe if every Indian baby were visited by the physician, field matron, or nurse at the time of birth or soon after and treated scientifically that there would be less eye diseases and the baby would receive a "boost" that would be of great aid in its "struggle for the survival of the fittest."

BETTER INDIAN BABIES.

By Louise S. Wagner, Housekeeper.



THE Indian children, considering the terrific amount of infection and hardships under which two-fifths of them actually reach the age of five years, ought to respond quickly to any efforts put forth for the betterment of their condition.

To begin with the baby's mother, her husband, the prospective father, might learn more respect for Indian womanhood; he could spare her from the heavy carrying of water, from the necessity of hard work before and too soon after the birth of her baby. Most Indian families never stay at home just because the baby is ill. Far from it. In the heat of the summer and winter's cold the poor baby, often ill with dysentery or pneumonia, is dragged miles in a jolting wagon. With many Indian families these trips are taken to get work for the father and mother, but the babies show the effects of such hardships in their discouraged wails.

A betterment of financial conditions might give the babies a chance to stay at home in a warm place in winter and in the shade in summer.

Indian women seem to consider the agency physician a superfluous quantity in connection with confinement. Now many of our Government physicians make a specialty of obstetrics and undoubtedly could render great aid to the expectant mother both before and after confinement. Field matrons, in hearty cooperation with a doctor whose personality appeals to Indians, a man not too professional in manner, one who shows kindly sympathy toward the patient, could do much toward changing sentiment in this matter.

Several Indian mothers on a single reservation who have had the care of a friendly field matron and doctor in confinement would be the best arguments toward the regular employment of the Government physician in childbirth. A settled mode of life is the one thing which will benefit the young of the Indian race most quickly, with a home where the Indian family could have a cow, some chickens, a garden, and enough work so the parents would not have to leave the reservation in search of work or pasture for their stock. The babies could have cow's milk after weaning, eggs, good water, and some degree of cleanliness could be maintained, with a permanent spring or well; water could be boiled and kept for well and sick babies.

Who knows, perhaps in time all Indians can be taught to screen their food in fly time, to rid their homes of fly-breeding places, to catch all the flies possible, to cook suitable food for babies beginning to eat solid food, to bathe said babies daily, to put clean clothes on the children occasionally, to keep mosquito netting over the faces of the poor little ones laced in baby baskets, a prey to crawling flies, to refrain from passing the baby melon rinds in August, to clothe the children with due regard for consistency and the weather—not dressed as I have seen them, a heavy coat in summer and exposed chest in zero weather.

PREVENTION AMONG THE CHILDREN.

By Wm. C. Barton, Agency Physician, Belcourt, N. Dak.



STATISTICS show that more than one-third of the human race dies before reaching two years of age. If this high infant mortality prevails among the general population it is safe to say that among our Indians the infant mortality is even more appalling. For here we find united two of the great foes of infant life—improper care and unsanitary surroundings. Indian mothers, with very few exceptions, nurse their babies and this explains why the race has not long since disappeared. The manner of feeding may in many

cases be faulty, but the food itself cannot be improved upon.

If there could be added to this ideal food a sanitary environment and proper care for the baby, not only would infant mortality be greatly reduced but there would result a stronger race of men and women. For it is well known that many of the diseases and deformities of adult life are acquired in childhood. In childhood is the time to prevent many of the conditions which in after years are treated at great expense and often with very poor results.

General education is doing much to improve the sanitary condition of the Indian home, and is thus indirectly a mighty contributor to the care of the baby. Physicians and other employees should constantly give instructions to Indian mothers in the fundamental principles of hygiene and infant care. This, in time, will bring fourth fruit a hundred fold. It should always be remembered that prevention is better than cure, and that there is no more promising field for our endeavors than the prevention of disease among Indian children.

SAVING THE BABIES.

By Tizrah Butcher, Field Matron, Toreva, Ariz.



THE reason of the great infant mortality among Hopi Indians is caused chiefly for what is called "love of the child." No Hopi Indian ever refuses a child anything he wants if it can be had. No Hopi child is ever corrected.

It makes no difference if it is green peaches, green water melons, or green corn; if baby wants it he gets it. It is very surprising to me that more do not die.

The Hopi must be educated out of his superstition in order to do much toward saving the babies.

If the child is sick, they believe if the father brings the child *anything* to eat, if fed to him, it will cure him. So it is given no matter what he brings.

When the young people come home from school they apparently go back to the blanket, but it is because of the influence of the old people, whom they hold in very high respect. But when you talk with them they tell you they would like to have things and do as they did in school.

The ones who have been away to school are much easier to influence and get to give medicine and to take care of their babies than the older women.

When you get a Hopi woman to go to the hospital to be confined you have accomplished a great deal. She has gone against the custom of ages and all the old people are very much opposed to her leaving the home at such a time.

There are some uneducated white women in certain sections of the country who would not do such a thing.

It is one step towards the saving when the women ask and take advice of competent white people. And they are beginning to do this.

Education and patience will save the Hopi babies.



BABY STRIKE AXE—Tribes, Osage

Little Mothers' League

Outline of General Lectures for Indian Schools.

The following outline is to serve as a basis for general lectures to be delivered in schools to all girls over twelve years of age. Girls under twelve years may be included if the matrons so desire, and mothers may be invited to these lectures.

It is not expected that the outline will be followed verbatim and each instructor should present the subject in accordance with the needs and character of the audience, making it as individual as possible.

The object to be kept in mind is to make the lecture forceful, practical, and interesting, in order to enlist the cooperation of the girls in the campaign against infant mortality.

OUTLINE.

1. In New York City in 1910 there were 16,212 deaths under one year of age. In 1911 there were 15,053 deaths under one year of age, a decrease of 1,159. This was due to the education of mothers in the proper methods of baby care, and shows what may be accomplished. Thirty-two per cent of these deaths occurred in the first month of life, and 54 per cent before the babies reached the age of three months. Therefore it is necessary to begin to care for the baby properly as soon as it is born, in order that it may have a chance to live.

One death out of every five at all ages is that of a baby under one year of age.

One death out of every three at all ages is that of a child under five years of age.

Sixty per cent of these deaths could be prevented if the babies could receive proper care and be fed properly.

During the summer months as many as fifty babies die in New York City every day. The summer is the most dangerous time for babies because they suffer from the heat much more than grown people do and because the milk used to feed bottle-fed babies is much more likely to spoil and cause illness.

WHAT CAN BE DONE TO KEEP A BABY WELL.

(a) *Important to know how to care for babies.* Do not take anyone's advice about this matter except a doctor's. It is easier to

keep a baby well than to cure it after it is once sick.

The feeding of babies under one year of age is of particular importance.

(b) *Babies should be breast-fed if possible.*

Only one breast-fed baby dies to ten babies who are fed in other ways.

Feed the baby regularly every two hours until three months old; then every three hours.

Too much feeding is worse than too little.

Do not feed the baby because it is fretful or cries.

Give the baby cooled, boiled water several times daily, particularly in hot weather.

If the baby cannot be nursed, it should be given only fresh, sweet cow's milk mixed with the proper amount of barley water.

The proper mixture of milk and barley water should be prescribed by the doctor.

Keep the milk on ice or in a cool place.

Taste it before each feeding. If it is soured, even in the slightest degree, do not use it.

Babies under six months should not be given anything but milk and water.

After six months of age the baby may have a little beef juice and orange juice.

Never give a baby less than one year old any solid food.

Bottles and nipples must be kept clean.

(c) *Care of bottles.*

As soon as empty wash with cold water.

Thoroughly cleanse with borax and hot water (one teaspoonful borax to one pint hot water).

Keep clean bottles upside down on shelf.

Boil bottles before filling them with milk for each feeding.

(d) *Care of nipples.*

Rinse with cold water, then wash with hot water after using.

Keep in the borax water between feedings.

Rinse in boiling water before using.

(e) *Remember, if a baby is taken sick with summer complaint, vomiting, or diarrhea, stop all milk at once. Give only cooled, boiled water and send for a doctor.*

(f) *Clothing.*

Babies feel heat more than grown persons. Dress the baby lightly, particularly in hot weather. Have the clothing loose.

In hot weather a muslin slip or gauze shirt is enough.

(g) *Bathing.*

Should have a tub bath every day.

In warm weather, two or four spongings with cool water.

(h) *Fresh air.*

Every one needs plenty of fresh air.

Babies should have plenty.

In hot weather, keep baby in coolest room in house or apartment.

Have windows open day and night.

Keep baby out of doors as much as possible.

Avoid sun. When in the sun, protect the baby's head with broad hat or parasol.

(i) *Sleep and quiet.*

Babies need quiet.

Avoid excitement.

Healthy as well as sick ones need a great deal of sleep.

Let the baby sleep on a firm bed; never on feather pillows.

Keep baby's clothing and everything about it clean.

(j) *General care.*

Do not let the baby play on the floor unless a clean sheet is spread about for it to play on.

Do not let it put anything in its mouth.

Do not give it "baby comforters" or "pacifiers."

If babies are kept cool and clean and given only the proper food they will not have the diarrheal diseases which cause so many deaths.

LITTLE MOTHERS' LEAGUES.

Last summer 20,000 girls in the public schools volunteered to help save the babies and formed little mother's leagues. If this

can be done in white schools, why can it not be done in Indian Schools?

The members of these leagues learned all about the methods to be used in the care of babies and did a great deal to help reduce the death rate.

If each girl who has a little brother or sister to take care of or knows of a baby who is not being cared for properly would do her part to see that the simple rules for baby care were followed, there would be fewer deaths this summer.

The object of this lecture is to ask the girls in this school to form a Little Mothers League. Every girl who joins will be given a certificate of membership. After she attends four meetings she will be given an official badge. Meetings will be held every week throughout the summer and the members can learn all about how to keep babies well.

Joining the league means that a girl wishes to be helpful and have a part in the greatest service to humanity—life saving.

(Distribute pledge cards and have them signed. Give notice of time and place of first meeting.)

FIRST MEETING.

Organization:

1. Collect pledge cards.
2. Medical inspector and nurse to be respectively, honorary president and vice president.
3. Members to elect their own president and secretary.
4. The pledge cards to be given to the secretary, who is to keep them in careful order and record on each one dates of attendance.
5. Short talks by physicians on purposes of league, telling what subjects are to be taught, and how members may help.
6. Distribution of certificates.

Order of Business for All Meetings:

1. Calling of meeting to order by president.
2. Calling the roll by secretary.
3. Enrollment of new members.
4. General discussion on topics of previous lesson.
5. Ten-minute talk by physician or nurse on subject of lesson.
6. Demonstration by nurse of methods used in subject matter covered by lesson. (Note: 5 and 6 may be combined.)
7. Motion to adjourn.

Members Must be Encouraged to—

1. Keep records of daily efforts to keep babies well.

2. Perform each day some act of helpfulness.

3. Write essays on topics already studied.

LESSON I.—Growth and Development.

Weight:

Average weight of new born baby seven pounds.

Normal weight is doubled at the end of six months to fourteen pounds.

At the end of one year weighs three times as much as at birth.

Under or over weight does not mean necessarily that everything is wrong, if normal ratio of increase is maintained.

Loss of weight first few days of life. On tenth day baby should weigh as much as at birth. If the breast milk or artificial feeding is suited to baby's needs, gain will be continuous. If no gain, baby should be taken to doctor.

Baby should be weighed once each week.

Muscular Development:

At three months, baby is generally able to hold up its head; sits erect at six months, and stands with little support or alone at one year.

Do not urge baby to walk. The bones of the legs may be soft (symptom of rachitis) and bending of the bones of the legs, with permanent deformity, may result.

SPECIAL SENSES.

Sight:

In early life babies are very sensitive to light. Should be kept in a semi-dark room during first few weeks or, if taken out, should have eyes protected from strong light. Never let the sun shine directly into baby's eyes.

Hearing:

After the first few days, the baby's hearing is particularly acute. Loud or sudden noises startle it and if often repeated may cause it to become excited or lead to convulsions.

Speech:

Usually begins to talk at end of first year. By end of second year several words have been learned. Speech may be delayed but if the baby cannot talk at all at end of its second year it should be taken to a doctor.

Teeth:

The first teeth are 20 in number, ten each in the upper and lower jaw. They appear at about the following ages:

Central incisors	5 to 6 months
Lateral	7 to 8 months
First molars	12 to 16 months
Canines	14 to 16 months
Second molars	21 to 36 months

The lower set appears usually before the upper set.

Eruption of these teeth may cause the baby to be irritable. If it is sick and teething seems to be the cause, do not neglect matters but consult a doctor.

The first teeth must be taken care of. If they are lost too soon or decay, the jaw may become misshapen, and the second teeth come in crooked or decayed. (Explain how set is formed in jaw directly behind and in contact with first set. Accentuate the importance of care of the first set and explain how it may be done.)

WHAT TO NOTICE IN THE BABY.

Posture When Sleeping:

Quiet, limbs relaxed, sleep peaceful, no tossing about.

Respiration:

Regular, easy and quiet. Baby should breathe through the nose.

Skin:

Cool, slightly moist, and of a healthy pink color. Extremities warm.

Facial Expression:

Calm, peaceful. If the baby is suffering pain, the features will contract from time to time during sleep.

LESSON II.

Bathing and Value of Water:

Water needed internally and externally.

Internally:

Restlessness and peevishness often due to thirst. Babies feel heat and humidity more than adults do. Death is often due to heat prostration and exhaustion.

Give baby a teaspoonful of cool boiled water every hour. Wash out baby's mouth after each feeding. (Demonstrate method.)

Externally:

One or two tub baths daily in warm water.

(Explain and demonstrate method of giving tub bath. Water about 95 degrees. May be tested by mother placing elbow in water. Never use the hand for this purpose, as it is less sensitive to temperature of the water.)

In summer give two or more sponge baths. (Explain and demonstrate methods of sponge bath.)

Reduces temperature of body and quiets restlessness.

Bran Baths:

For excoriated or delicate skin, particularly in summer. Good for heat rash.

Bags made of cheese cloth each containing about one pound or one pint of bran. Put bag in tub full of water, move it about and squeeze it until the water is milky white.

Mustard baths:

Only to be used if baby has a convulsion.

First Send for the Doctor.

Have water warmer than for regular bath (about 100 degrees.) Four table-spoonsful of mustard to 4 quarts of water. Do not leave baby in bath more than ten minutes.

After bathing and drying always dust skin with powder.

Powder for General Use:

Boric acid, one part.

Starch, four parts.

Powder for Excoriated Skin:

Zinc oxide, one part.

Starch, five parts.

LESSON III.

Most important. Without oxygen no growth or development. Must have fresh air day and night.

Indoors:

Give the baby the best room in the house. Have the windows open. Keep a mosquito netting over the baby during the summer. Keep the baby out of the hot kitchen.

Outdoors:

In summer the baby may be taken outdoors when it is a week old. In winter at the end of its first month if the weather is bright, dry and clear. The eyes and head must always be protected from the sun and wind. Do not take the baby out in storms or high winds. In good weather the baby should be out of doors the greater part of the day. Sleep in the open air is particularly valuable.

Keep the baby in the shade on hot days. Seek out the cool and shady spots.

Sleep and Quiet:

Normal baby sleeps greater part of time during first few weeks,—from 20 to 22 hours out of the 24. Up to six months it will sleep from 16 to 18 hours. From six months to one year of age the child should take a daily nap.

In infancy the sleep is light and the baby should be put to sleep at night in a

quiet room with clean clothes, dry diapers and a satisfied appetite. By the fifth month the baby should sleep uninterruptedly from 10 p. m. without a feeding. Babies should always sleep alone.

A soap box or clothe basket makes a good bed. Fasten a barrel hoop over the bed at each end and cover with mosquito netting. (Demonstrate way of making such a crib and canopy.)

Hammock is a good bed for baby if *wide open mesh*. Place a firm, thin pillow in the hammock for the baby to lie on. Pin the hammock together over the baby (safety pins) and place mosquito netting over it.

Never have baby to sleep on soft feather pillows. Use thin firm pillows in crib (hair pillow if possible) and cover it with rubber sheeting or oilcloth. Have covering light in weight and not too warm. In summer little or no covering is required.

Keep the baby quiet.

Let it sleep alone.

Keep it cool in summer and warm in winter.

Always have clean bed clothes and nightgown.

LESSON IV.

Clothing and cleanliness:

Most babies are too warmly dressed, particularly in summer. Too much clothing interferes with the movements of the limbs, restricts respiration and causes the body to become overheated, thus lowering vitality and lessening resistance to disease, as well as predisposing to skin eruptions and making the child restless and uncomfortable.

Baby's clothing should always be clean.

Have clothes of thin, soft and light material (unstarched).

Avoid obstructing bands. Baby's limb should have freedom of motion.

Winter:

Indoors dress.—Flannel shirt, diaper, socks, abdominal binder of flannel for first three months.

Outdoors dress.—Hood, warm coat, mittens.

Summer:

Thin muslin slip, gauze shirt, diaper.

All clothes must be loose.

Demonstrate and explain different articles of dress with samples of each. Encourage girls to make these clothes if there is a baby in the family.

LESSON V.

First care of sick baby:

The baby is sick if it has—
Fever.

Vomiting.

Many bowel movements.

Green bowel movements.

Curdy bowel movements.

Constipation.

Is cross and fretful.

Won't nurse or take the bottle.

Has a cough.

What to do:

Stop all food immediately.

Don't even nurse him. Give him two teaspoonfuls of castor oil.

Give him nothing to eat or drink but cool boiled water.

Give him a sponge bath; dress him in clean, fresh clothes and take him to the doctor.

Remember:

Stop all feeding: Give a dose of castor oil and go to the doctor.

Remember:

It is easier to keep the baby well than to cure him after he is sick.

LESSON VI.

Milk:

A mother's milk is the only natural food for a baby. Many more babies would live if they were breast fed. Mothers would save much trouble by nursing their babies for not only would the baby not be liable to have stomach or bowel trouble but there would not be the difficulty and cost of getting a proper substitute feeding.

If a mother is healthy, her milk contains just the right substances to nourish her baby, and the portion of these substances changes as the baby grows older and provides it with the proper food for its age.

If the mother cannot nurse the baby, the next best food is cow's milk.

Both human and cow's milk have the same ingredients, but they vary in amount and the milk that is suited to a calf is not suited to a human baby unless it is prepared by having other substances added to it. Changing cow's milk in this way is called "modification."

If cow's milk must be used, it is of greatest importance to see that it is absolutely pure. The milk sold from a can in grocery stores is often impure and likely to make the baby sick.

Condensed milk or patented foods

should never be used for infant feeding if a supply of pure cow's milk can be obtained. These foods may make the baby fat, but they do not properly nourish the baby. (If the children seem able to comprehend, the different composition of human and cow's milk may be explained to them.)

	Human Milk. (per cent)	Cow's Milk. (per cent)
Fat	4.00	4.00
Sugar	7.00	4.50
Proteids	1.50	3.50
Salts20	.75
Water	87.30	87.25
	100.00	100.00

The reaction of human milk is alkaline, while that of cow's milk is slightly acid.

To modify cow's milk so that it will be as nearly as possible like human milk, we—

1. Add water to reduce the proteids. This reduces the amount of other constituents, so we—
2. Add cream to increase the fats.
3. Add milk sugar to increase the sugar.
4. Add limewater to increase the salts and to make the milk alkaline.

LESSON VII.

Size of baby's stomach:

Show chart and show why amount of food must be different at different ages.

Amount of each feeding:

	Ounces.
1 to 8 days	2
2 to 4 weeks	2-3
2nd month	3
3rd month	4
4th month	5
5th month	6
6th month	7
7th month	7
8th month	8
9th month	9

A good rule is to give one ounce more at each feeding than the baby is months old up to six months, then as many ounces at each feeding as the baby is months old up to the time of weaning.

Time for feeding:

	No. of feedings in 24 hours	Inter-vals	No. of night feedings
1 to 6 days	9	Hours. 2	2
2 to 4 weeks	9	2	2
2nd month	8	2½	1
3rd month	7	2½	0
4 to 6 months	6	3	0
6 to 9 months	6	3	0
6 to 10 months	5	2½	0

Regular feeding is important. Irregular feeding and over feeding causes sickness.

Don'ts:

- Don't give the baby sour milk—taste before each feeding.
- Don't give the baby cold milk—test it by dropping a few drops on the wrist.
- Don't give the baby any other food but milk and water.
- Don't give the baby pickles, lolly pops, bacon, tea, coffee, or ice cream.

LESSON VIII.

Care of milk in the home:

Keep it Clean, Covered, and Cool (the three "C's)."

Every dish or utensil that comes into contact with the milk must be perfectly clean.

If the milk gets warm it will become sour, and the germs in it that cause sickness multiply very rapidly.

Keep flies away from the milk as well as away from the baby. Flies carry filth and disease germs.

Care of bottles:

As soon as empty, wash with cold water. Thoroughly cleanse with borax and hot water (one teaspoonful of borax to one pint hot water).

Keep clean bottles upside down on clean shelf.

Boil bottles before filling them with milk for each feeding.

Care of nipples:

After using, rinse in cold water, then wash with hot water.

Keep them in a tumbler full of borax water between feedings.

Before using, rinse in boiling water.

Show dishes to be used in modifying milk and explain use of each.

In the home the following articles are needed:

- One saucepan (for making barley water).
- One strainer (for barley water).
- One bowl for mixing.
- One tablespoon.
- One eight-ounce glass (common tumbler for measuring. (Two tablespoonfuls equals one ounce).
- One funnel (pitcher may be used).
- One double boiler (if possible).

LESSON VIII.

Home directions for milk modification:

- Clean hands.
- Clean table to work on.
- All utensils scalded.
- Outside of milk bottles washed with cold water before the cap is removed.
- Make barley water first, if it is to be used.
- After everything is ready, wash hands again.
- All feedings for the day should be prepared at one time.

Demonstrate process:

1. Barley water: Measure barley accurately according to formula; cream it in a little cold water first to avoid lumping.
2. Dissolve the milk sugar in water.
3. Add the sugar solution to the milk.
4. Add the barley water.
5. Add the lime water.
6. Fill the feeding bottle; cork them with cork or cotton.
7. Put bottles immediately in cool place.
8. Heat each bottle in a pan of hot water before giving it to the baby.

LESSON IX.

Demonstrate how to make (1) albumen water; (2) whey.

Have each child modify milk according to a simple formula.

Explain that the directions as to the proper formula for the baby must always be given by the doctor or nurse.

LESSON X.

- Quiz on the subjects covered to date.
- Have the members submit essays on baby care.

THE NEW CAMPAIGN FOR HEALTH IN WHICH I WOULD ENLIST
YOU IS FIRST OF ALL TO SAVE THE BABIES.

Commissioner Sells.

Save Your Baby

DO YOU know that three-fifths of all Indian babies die before they are five years old?

Do you know that over one-fourth of all babies die before they are one year old?

Do you know that one-fifth of these deaths happen in July?

Hot weather alone does not kill babies. Death comes most frequently from the effect of hot weather upon the **FOOD WHICH THEY EAT.**

REMEMBER there is no better food for babies than **MOTHER'S MILK.** If you can, **NURSE YOUR BABY**—not oftener than once in two hours; when the baby is over two months old, every two and a half hours; when five months old, every three hours.

Give the baby all the cool **BOILED** water it wants. Boil the water for twenty minutes. Let it cool in a covered jar. Never leave the water uncovered. A quart fruit-jar will hold enough for a day's supply. Have it fresh every day.

Babies often cry because they are thirsty, or because they are getting too much food, or because they are hot. Dress the baby in as few things as possible on hot days. A little band of cotton and wool to absorb the perspiration, a petticoat and a thin dress are enough. On hot days leave off the dress. See that the legs and arms are left free to the air.

DO NOT WEAN THE BABY UNLESS THE DOCTOR ORDERS IT, and follow his advice regarding the preparation of the milk for the bottle baby. Do not feed it on coffee, syrups, or solid food.

Use the best and cleanest milk you can get. See that it is always kept covered and cool.

Bottles, pitchers, and brushes used to prepare the milk should be perfectly clean. Dirt in the milk may make the baby very sick. Prepare enough bottles in the morning for all the feedings of each day. Place a stopper of clean absorbent cotton in each bottle. Milk must be kept cool if it is to remain fresh. Bottles should be boiled in soap-water at least once a week.

TEETHING IS A NATURAL THING FOR A BABY AND WILL NOT MAKE IT SICK IF IT IS PROPERLY FED AND KEPT CLEAN. Teething is not harder in summer than winter. The second summer need be no worse than the first summer.

Bathe the baby in cool water at least once a day in hot weather. If it has been perspiring, dry carefully before bathing. **IF IT HAS PRICKLY HEAT,** put a teaspoonful

of bicarbonate of soda in the bath. Babies with prickly heat may have been dressed or covered too warmly. **IF THE BABY IS SICK,** stop feeding it altogether. Give it water instead, and **SEE THE DOCTOR AT ONCE.** Do not let the neighbors tell you what to do. More babies are lost through delay in seeing the doctor and from continuing to feed them after they are sick than from any other reason.

If the doctor orders **BARLEY WATER** or **RICE WATER** to be added to the milk, or given alone, it should be carefully prepared.

For barley-water, buy barley flour. It is cheaper and easier to use. Take a teaspoonful to a cup of water. Stir the barley flour into a paste with a little cold water and stir this paste into boiling water. It should cook in a double boiler at least fifteen minutes after the water in the under pot has come to a boil. Strain through thin cheese-cloth and cool in a pitcher or other vessel.

RICE-WATER is prepared by using a tablespoonful of rice to a cup of water. Wash the rice in cold water until clean. It should cook three hours in a double boiler. Strain off the water and use. The rice which is left is good food for older children.

FRESH AIR IS MOST IMPORTANT FOR THE BABY IN SUMMER. Keep it out in the cool shady places as much as possible. Keep the bedroom windows wide open at night.

DO NOT TAKE THE BABY ON LONG EXCURSIONS FOR THE DAY bringing it home late at night.

REMEMBER, regular feeding, sleep, fresh air, care of all foods, plenty of cool boiled water to drink, clean, dry clothes to wear, cool baths, **AND THE DOCTOR WHEN THE BABY IS SICK** will save the baby during the summer months.

REMEMBER upon the health and strength of the babies the glory and greatness of our Nation depend. The babies who in a few years will be men and women, what kind will they be? Healthy and strong or narrow-chested, weak, dependent? Are they to be leaders among men, wise and healthy mothers, or the reverse?

Mothers! do you realize that the health, strength and goodness of your boys and girls are almost entirely in your hands? If your babies are brought up properly and from babyhood are taught the principles of health and truth and honor, it will make us a Nation of healthy, clean men and women, with clean homes and honest hearts.

