

the public condemnation of their proceedings is expressed in stronger language than we permit ourselves to use.

OBSTETRIC NURSING.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER I.—INTRODUCTORY.

(Continued from page 137.)

At their completion, this Course of Lectures will be published as one of the Series of "Nursing Record Text Books and Manuals."

"Of all the joys that brighten suffering earth,
What joy is welcomed like a new-born child?
What life so wretched but that at its birth
Some heart rejoiced, some lip in gladness smiled?"—

Mon. Mrs. Norton.

I MUST now invite the attention of my Nursing readers to our next patient, the long-suffering and much-suffering baby. Could he give verbal utterance to his woes, they would move the stoniest heart to pity. We behold him subjected to manipulations that can only be based upon the assumption that nerves form no part of his organisation—that, in fact, he is as insensitive as wood. Was there ever such a subject of experimental philosophy (maternal and grand-maternal) as he in respect to all that goes down his hapless little throat, other than his natural aliment? And we feel sure they must cause him excruciating discomfort. He cannot resist these misguided efforts on his behalf, but he resents them, and ventilates his grievance in shrill and plaintive cries, which in turn are soothed by mysterious compounds of infallible (*reputed*) efficacy, which, on the whole, seem rather to aggravate than assuage his miseries. Having, I trust, evoked the sympathy of my readers on his behalf, we will do our best to tend and comfort our little man to be.

The first point to which I must ask your attention is the pulsation of the foetal cord at the moment of birth, for upon that momentous throbbings the issue of infantile life or death; a pulseless cord marks foetal death, and birth is not always crowned with the bright diadem of life. The rate of pulsation is immense. Taking the cord between your fingers, you will feel with what resistless force the stream of blood flies on. These marvellous pulsations mark those of the foetal heart, which propels the blood to the placenta

for aëration, and beats at the rate of one hundred and fifty strokes per minute. Place the palm of your hand softly over the infant's heart. You will perceive that its pulsations are also extremely rapid, but less so than those of the cord. They are computed at one hundred and twenty to one hundred and thirty per minute. I can only compare that rapid fluttering little heart to a bird's, and those of my readers who have a pet one in their hands will understand my simile. We next notice the establishment of the pulmonary circulation, which means that the infant has an independent existence, or *life* in its literal sense, and henceforth will aërate his own blood. The beginning of this important function is the first inspiratory act, commonly called crying, and we are such hard-hearted Nurses we do not care how much he cries, calmly regarding it as a salutary effort to expand his lungs! After this transference from the foetal to the infantile circulation, a change comes over the umbilical cord: it becomes pulseless, cold, and flaccid; its purpose is fulfilled.

At this point we will say a few words about this singular foetal appendage. You will find that it varies remarkably in the physical properties of length, size, and form—its average length is from 18in. to 20in.; the shortest in my experience was 10in., and I once measured one 4½in. long. As to size it may be thick or thin—the size of your thumb or your little finger (women's hands), and it may thin in some parts and thick in others. In form it is generally spiral, but it may be irregularly so—straight here, twisted there. The long cord I just mentioned was beautifully and regularly spiral from end to end, and rather slender; again, the funis may be irregular in size, immensely enlarged at one part, and small in others. Another singularity about the umbilical cord are the curious knots we sometimes see in it, perfect loops. Books tell us they are formed at a very early stage of foetal life, which may very likely be true, but to my mind these knots are something of the nature of an Obstetric puzzle.

I hold rather different views on the subject to books, but as we are not writing on Midwifery, we will leave the matter alone. The knots exist; how these loops were formed is another question.

All Obstetric Nurses know that the funis is frequently twined round the infant's neck at birth. Sometimes there are three or four coils—a matter of little consequence in the hands of a skilful practitioner, though careless manipulation

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