

to be done, you may as well learn to do it carefully, and not in the routine and reprehensible fashion in which it is but too often gone through by allowing the infant's head to *hang downwards* during the process! When you unfasten the soiled napkin the infant lies across your knees on his back—his head *resting on one of your thighs* (that farthest from the fire). Holding the two feet in your left hand, *slightly* raise the buttocks and remove the napkin, placing a portion of a soft diaper towel under them; wash the genitals, thighs and fore-part of the legs with a flannel and warm soap and water, wipe them dry, and dust. Now turn baby *on to his face*. Turn up the gown and flannel, and wash the buttocks and *back* part of the legs; dry and powder them, and apply the clean napkin as baby now lies, and in the way I told you, tucking the edge of it under the belly binder. Turn back the clothes, and *turn baby over* on to his back, and fasten up the napkin; change in this way during your term of duty. The more common mode of procedure is this: the infant lies on his back; to remove the napkin, the buttocks are raised *high up* by the feet, and the washing of them goes on in this posture. The infant's head being heavy slips over the Nurse's thigh, and, unobserved by her, falls into a *vertical* position, the hand and face being suffused with a crimson flush (I have seen them purple), and by the time the "operation" is over, the infant is indulging in a crying, or sometimes a screaming, fit. I have witnessed this kind of thing in the hands of Nurses and mothers hundreds of times, and never fail to condemn such thoughtlessness. When we reflect that this "topsy-turvy" measure takes place eight or nine times a day, can we admit it is "good" for the baby? If he could tell us what he *felt*, and how his poor head must ache, *he might* get redress for his wrongs. As careful Nurses, then, let us avoid inflicting misery upon our little charge when it comes to the necessary "changing." In addition to the napkin, there is generally placed over it what is commonly called a pilch, made out of a half-square of flannel, sometimes set into a narrow calico band, but more often not. The pilch is bound all round with ferret, and has two strings at the top on each side, and a large loop at the bottom corner to fasten it up by passing one of the strings through it. The object of this contrivance is to keep baby dry and warm; and so far so well. But there is a form of pilch to which I take the strongest objection—the *waterproof* pilch—more often used, it is true, for the newly-born, but I

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deprecate it for infants' use at all—it *retains* instead of absorbing the moisture, makes the parts hot, and if kept on too long, which often happens, leads to chafing and tenderness by keeping in the heat of the body, and leading to a liability to chilling, which is as injurious to infants as to mothers. The indiarubber pilch certainly keeps the baby's clothes dry, but it does not keep him dry; it also keeps Nurse's clothes dry; but her waterproof alpaca apron answers the same purpose, and this also should have a flannel one *over* it when she is bathing or changing baby. Frequent changing is the best and safest plan for the infant, and hence it is I have shewn you the right method of so doing. There is yet another garment we have to discuss, though I trust it is fast becoming obsolete in England, the roller, or "swath," as it is sometimes called, made of calico, about four inches in width, and varying in length from one yard and a-half to three yards long, and wound round and round baby for its whole length. Some years ago I used to attend meetings for Jewish Women—mostly Germans and Poles—refugees, in fact; and it was amongst them that I came across those remarkably long rollers. I used to give great offence by objecting to their use, oftentimes declining to put them on to the babies at all. The object of this bandaging was said to be a *protection* to the infant when handling him; but we know now that the best protection for the time is *careful handling*. Medical men wisely and unhesitatingly denounce the swath as being injurious instead of beneficial—it compresses the thorax and impedes the free action of the respiratory muscles. Still the "roller" has held its own for a very long time, and many mothers will use it even now, especially those who care to learn how to handle their babies. In Germany I have heard the infant is carried about on a pillow—a very wise plan; but if a Nurse pays careful attention to the rules I have given in the matter of handling her little patient, he may do without a pillow.

(To be continued.)

PATIENT: "Dr. Smith, who has just left our city, told me that I was really seriously ill."—
New Doctor: "Oh, my dear sir, you must not place any reliance on anything that that man says. I assure you he is not to be trusted."—Patient: "But it was he who recommended you to me."—
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