Obstetric Mursing.

---- BY OBSTETRICA, M.R.B.N.A. ----

PART II.—INFANTILE.

CHAPTER VIII.—INFANTILE AILMENTS.

(Continued from page 89.)

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

JPPY object in dwelling somewhat lengthily upon infantile ailments has been to impress upon the minds of my Nursing readers that they are nearly all preventable by good nursing, otherwise I should not have dwelt upon the subject, for the treatment of the disease lies in Medical, not Nursing hands.

There is yet another point bearing upon infant life of much interest in Midwifery Nursing, the effect of zymotic diseases upon the unborn and the newly-born, when unhappily they are exposed to them.

There are two channels by which infection may be conveyed. Firstly, to unborn through the maternal system? secondly, to the newly-born through external influences, such as the existence of disease in the house at the time of birth, or through *visitors* who may come to it.

With respect to the first-mentioned, the maternal system, we often notice a singular *transference of immunity* from the disease in one life to the other, and as far as the writer's experience goes, one or other life is more often sacrificed than *both*. For instance, a woman having contracted typhoid in her last month of pregnancy is delivered of a dead child, showing every evidence of blood poisoning; the mother recovers. Another under similar conditions gave birth to a living child, who lives and thrives; the mother dies. The same has been observed in small-pox.

The second channel of infection—external influences—such as the existence of diseases in the house, or from *visitors*, as they affect the newly-born, is of more practical importance, as they fall within the range of prevention, and by taking timely precautions both lives may be preserved.

And here I must again remind those of my readers engaged in Midwifery work how greatly the operation of the Notification of Infectious Diseases Act has conduced to the safety, in all grades of society, of the mother and infant from infection during childbed.

For instance, scarlet fever breaks out in a house where a woman is shortly expecting her confinement. It is obvious there are two measures absolutely necessary to safeguard the maternal and infant lives-either the sick must be removed from the house, or the mother, and amongst our working classes the former is the course most generally pursued. On the Health Authorities receiving notice of the outbreak of the disease, the sufferers are taken to the Fever Hospital, and the house, bedding, &c., thoroughly disinfected-and, as a consequence, the mother brings forth in safety; but in spite of all precautions, the writer has known the newly-born to take the disease, and more often than not succumb to it, the mother, possibly protected by a previous attack of scarlet fever, but certainly not bycorrosive sublimate, escape.

In the higher grades of society where the sick can have good medical and nursing attendance at home, I should still counsel the *removal of the mother from the house* for her confinement, as soon as the disease shows itself. Amongst the wealthy and the great this is a matter of easy fulfilment, but the same, alas! cannot be said of our middle classes, though it may be more practicable, as a rule, to find a place of safety for the mother than the sick children, still the rule holds good that the "isolation" of the mother is highly desirable for her safety and that of the coming babe.

With respect to her "isolation" there is another matter to bear in mind. Say, that in a family where there are four or five children, scarlet fever breaks out—three are down with it, two are free, and have *never* had the disease; it would be decidedly imprudent to allow those "exempts" to accompany the mother in her removal, as they might become sources of infection, coming from a house where scarlet fever was to one where it was *not*, and hence jeopardise her safety whilst lying-in as well as the infants. But if, on the other hand, children *who had had scarlet fever* were sent away with the mother from the house, the risk of any chance of mischief would be greatly diminished.

Let us again assume that we can neither have the sick removed from the house nor the mother; and numbers of such cases have come under the knowledge of the writer, especially in former years. We must rely upon vigorous preventive and antiseptic measures. The room where the sick children are must be cleared of all superfluous furniture, especially carpets and curtains, which should be at once sent out of the house to the cleaners, with

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