

instructions to disinfect the same; the closest attention should be given to the *disinfection* of the room, and everything used by the sick—it should also be kept ventilated *day and night*.

The room where the mother is to be confined must also be cleared of superfluous furniture, especially *wardrobes* and *drawers*, or ottomans. The chamber shut up, the cracks and key-hole of the door stopped, and a sheet hung over the outside; the window closed and the room *stoved*. Sulphurous acid gas is a most *potent germicide*, and in a case like the one we are assuming, the writer *relies* upon nothing else, and if all these measures are carried out we may hope, through God's blessing, that the mother will get safely through her trouble, and the infant's life be spared.

There is another little precautionary measure as regards the mother's safety, prescribed by some medical men, the topical use of sulphurous acid to the throat as a gargle, mixed with simple syrup or glycerine, and diluted with distilled water or water *that has been boiled*, and use this night and morning. This gargle is also useful to other members of the household where there is scarlet fever in the house.

Strict attention should be given to the disinfection (especially in our homes) of the closet drains, and the *kitchen* and *upstairs* sinks, as they open into the house, and Sanitas disinfecting fluid or Calvert's fluid carbolic acid are about the most efficacious for the purpose. Nor must the all important subject of the *ventilation of the house at night* as well as day, be overlooked; the staircase windows should be left partially open for that purpose, also the *closet windows*. Nor should foliage plants be forgotten, such as the Eucalyptus, in rooms and landings. The prime object of ventilation is to facilitate the egress of *stale* air, and the ingress of *fresh* air; disinfectants being merely *germicides*, with the exception of permanganate of potash, which is an aerial purifier as well as foliage.

Whilst we may say that all the zymotic diseases are hazardous to the newly-born, they are not equally so to the mother; for instance, whooping cough does not affect the maternal safety, nor measles of a normal type to any extent, but the babe may suffer from either, and the former, from the bronchial complications, is especially critical in very young infants. I advise that the infant be kept carefully apart from other children in the house who have the disease, and that the weather and other circumstances permitting, that baby should be removed to another house, if only on the "other side of the way" as soon as practicable, so as to minimise the risk of catching the disease—supposing he escape it for

the first two or three weeks for whooping cough hangs about children for months at a time.

Before concluding the subject that has occupied us so long, viz.: the manifold perils that beset the tender life of infancy, there is one I would fain omit, for it is the saddest of all, familiarly called breast suffocation, and every year numbers of infants, often fine healthy babes, are lost through it.

On the face of it, this calamity would appear to be outside the range of Obstetric Nursing, but I think I can show my young nursing readers that it has a distinct point of interest in our portion of Nursing work. Our first feeling is one of anger, as we are apt naturally to attribute the disaster to crass, if not criminal, negligence on the part of the mother or Nurse, and, unhappily, such in a large number of cases is only too true; but not *always*, and, therefore, we must temper our judgment with mercy. For instance, a poor working mother, wearied out with a day of toil, might during slumber overlay her infant, as the inebriate and careless mother does. And, again, infant suffocation may be brought about by other causes than overlaying, nay, even by an honest though mistaken endeavour to avert that possibility. And this brings us to a subject I have dwelt upon in an earlier paper, to which I refer you, viz.: the *careful placing* of newly-born infants in cots or beds, and reasons for this course.

The risks of breast suffocation is greatly enhanced by the unwise practice on the part of the mother of letting an infant sleep on her bosom *at night*, because, during slumber, any change of posture in mother or babe might lead to the overlaying of the latter, hence it should be placed away from the breast when not suckling. And the question arises *how* and *where* are you going to place the infant? All infants have a tendency to lie face *downwards*, for the slender neck affords no support to the heavy head, and hence the infant should be placed *level* on the bed *flat* on its back and face *upwards*. Now it is not unusual for mothers to place babies on the pillows for safety (?) whilst they sleep, say during the day, and in such a way that they lie on a sort of *inclined plane*, the head rolls off the pillows and baby falls face downwards, and if *not* discovered is *suffocated*. The writer has known *two* instances in which this catastrophe occurred from the same cause, *careless placing*—and the coroner's jury in each case returned a verdict of *breast suffocation*, in accordance with the medical evidence—the doctor being unaware of the true reason.

(To be continued.)

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