

use ready to hand, arrays herself in a flannel apron, and begins operations.

On the occasion of the first bath she must always carefully inspect the infant with a view to discover any malformation, such as cleft palate, tongue-tie, spina bifida, cephalhœmatoma, imperforate anus, and so on. She then anoints the infant with vaseline or lard, beginning with the scalp, and being especially careful that the folds of the neck and groins shall not escape her. She next takes two small pieces of linen rag, which are afterwards burnt, and dips them in the bath. With one she cleanses the nostrils of the child, and with the other its mouth. The child is then wrapped in the receiver, and the nurse, supporting the head in her left hand, holds it over the bath, and thoroughly washes the eyes, bathing each eye separately, away from the nose, so as to minimise the risk of conveying infection from one eye to the other. This done, she lays the child on her lap, and thoroughly soaps it all over (if the flannel be thoroughly soaped, once soaping it will suffice), and then, supporting the child on her left arm, she places it in the bath for not more than half a minute. This done she lays the warm bath-towel on her lap, and, wrapping the child in it, dries it thoroughly, beginning with the head and back. These dried, she places the child on her flannel apron and finishes the drying process.

It is usual, and necessary, to place a second ligature on the cord, as this generally shrinks somewhat after the first bath, and the original ligature becomes slack in consequence. In some schools, more especially in the district nursing department, a custom prevails of touching the stump of the cord with solid perchloride of iron as a further precaution, but there are objections to this plan, and it is not really necessary if the second ligature is carefully applied. The child is now powdered with any convenient powder, and, for the first few days, vaseline is rubbed into the buttocks to prevent the irritating effects of the *meconium*, the dark-green stools which are always present in a newly-born infant.

The stump of the cord next receives attention; various schools have different plans of dressing this. Some envelop it simply in absorbent wool, others in a clean piece of linen rag, and dry (such as zinc) powder. Whatever course is pursued, the point of chief importance is to observe strict surgical cleanliness. The risk to the child, otherwise, is great.

What is known as the "curse of St. Kilda's" (an island at the north of Scotland), where a large proportion of the new-born infants for many years died of tetanus, is an extreme instance of this. This state of things was accepted by most

people as a mysterious dispensation of Providence until the minister of the island, disbelieving this interpretation of the massacre of the innocents, found that, by using strict antiseptic precautions in dressing the cords of newly-born infants, the plague was averted, and to his honour be it said that, as no one else could be found to carry out the treatment, he did so himself.

After the cord has been dressed, and a flannel binder applied, the dressing is proceeded with in the ordinary way.

## Medical Matters.

### PUERPERAL FEVER.



A VALUABLE article in a French contemporary has recently discussed the advantages of dieting patients, suffering from puerperal convulsions, upon milk alone. It is argued that the treatment is often so successful that it might be even well to give the diet to those who show signs of the disease, as well as to those who are already attacked by it. The author, indeed, is very definite in stating his belief that puerperal convulsions never occur in a patient who has been for a full week upon a milk diet; but inasmuch as he is equally sure that the diet does not alter the presence, or the amount, of albumen in the urine in such cases, it is somewhat doubtful whether his conclusions will be agreed with by future observers. All physicians who have had much experience of these cases believe that there is a close connection between the extreme congestion of the kidneys, evidenced by the presence of the albumen in the urine, and the puerperal fits; and they are strengthened in this belief, not only by the diminution in the amount of urine in these cases, but also by the close clinical similarity between the ordinary puerperal convulsions and those which are met with in cases of uræmia. It is more than probable, indeed, that many fits termed puerperal arise from this extreme congestion of the kidney substance and the consequent disturbance of the functions of the organ, permitting a large amount of the poisonous waste of the body to remain in the system instead of being removed as under ordinary

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