For the infant there must be in readiness a basket containing a receiver, head flannel, two suits of clothes (dress, flannel, shirt, and napkins ready folded), two flannel binders, needle and cotton, safety pins, scissors and thimble, vaseline, starch powder or Fuller's earth, additional ligatures, soap, flannel, soft sponge, soft linen, zinc powder (if this is used for the cord). The nurse's flannel apron may also conveniently be kept in this basket.

CRIEL

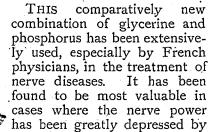
After the labour is over and the patient comfortably settled, she is provided with a basin of gruel (unless the child be stillborn, in which case cornflour is substituted for it). As few things are nicer than a basin of wellmade gruel, while there is nothing more unpalatable than badly-made gruel, I think a recipe will not be out of place here. dessertspoonful of fine oatmeal, to which a pinch of salt is added, is mixed with cold water to a smooth paste, half a pint of milk and water in equal proportions is then added, and this is placed in a saucepan—one of the double saucepans with a china lining is best for the purpose—and cooked for about twenty minutes, being slowly stirred. A little cold milk and sugar may be added, if liked, before serving.

DIET.

Attention to the diet of the lying-in woman is important. It must be remembered that the process of child-bearing is exhausting, and that nature demands to be recuperated. The demand of the child upon the mother also necessitates that her strength should be well maintained. For the first few days her diet should be somewhat upon the following lines. Weak tea and toast at 6 a.m. Cocoa and bread and butter at 10 a.m. Beef tea, or mutton broth in the middle of the day; tea and toast in the afternoon. Gruel at 7 o'clock, and again at 10 p.m. and 2 a.m., unless the quantity of milk secreted is over abundant, when the gruel at 2 a.m. may be omitted. On the third day, if the bowels have acted, and everything is satisfactory, a little fish may be given, and cocoa and bread and butter be substituted for the gruel at 7 p.m. The next day a little boiled mutton and a milk pudding may be given in the middle of the day, and the patient may gradually get on to a more generous diet, but highly seasoned food, sauces, and stimulants must be avoided. The plainer and more nourishing the food is, while the mother is feeding her child, the better.

Medical Matters.

GLYCEROPHOSPHATES.



acute or chronic illness, and, therefore, in cases of Neurasthenia. But it is almost equally valuable in that large class of children's affections, such as rickets and other bone diseases due to the deficiency of lime and phosphates in the tissues. The effects of the drug are shown by an immediate improvement. The general nutrition, together with the appetite and digestive powers, are increased, and there is usually a steady gain in the weight. Amongst children, the increase in bodily weight and strength is often very marked, and it has been found that the combination enables the salts of lime and potash to be administered to some with whom the ordinary preparations have completely failed. The chief disadvantage is the tendency of the salts to decompose, and consequently they are most usually administered either in the form of concentrated syrups or pills.

RENAL COLIC.

SEVERAL correspondents have asked us to explain the meaning of this term, and it is perhaps unnecessary to say that although it is frequently employed it is more or less of a misnomer. Colic really means a spasm of the colon or large intestine, and therefore the term is misapplied in connection with a kidney disease. But it has the advantage of being popular and easily comprehensible; and just as biliary colic is used to denote the severe pain caused by the presence of a gallstone in the bile duct, so renal colic generally is employed to denote the extreme suffering caused by the presence of a stone in the kidney. Just as the gallstone may pass away, down the duct into the intestine, with an immediate cessation of the pain caused by its pressure on the wall of the canal, so the passage of a stone in the kidney, down the ureter into the bladder, is at once followed by complete relief. More frequently, however, when the stone is sufficiently large to set

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