

bathing a baby's eyes, it is important to remember that each eye should be bathed separately, away from the nose, so that if one eye should be at all sore the other will not be infected by it. If the precaution of bathing the child's eyes at the time of its birth be observed, and it is subsequently protected from draughts, and only clean sponges are used, sore eyes will be a very rare occurrence. Should any pus be observed in a baby's eyes they must be frequently syringed with boracic lotion under the lids, and the child should at once be put under medical treatment. Numbers of children lose their sight annually from purulent ophthalmia, and the disease, unless it is treated early, speedily develops, and it is intractable, and difficult to cure, even if the consequences are not permanently serious.

THE BATH.

The first bath of the baby is an important episode in its life. The nurse, after seeing that everything that she is likely to need is to hand, should don a flannel apron, and seat herself on a low chair in a well-warmed room, out of all draughts, and near the fire. She then takes the child in the receiver, and beginning with the head, and omitting only the face, she rubs it all over with vaseline to remove the vernix caseosa, with which most newly-born infants are more or less covered. Special attention must be paid to the armpits and to all creases. She next wraps the receiver round the child and with small pieces of wet rag cleanses the mouth and nostrils, then supporting its head on her left hand bathes its face with a soft sponge, holding it over the bath for this purpose. She then lays the child on her lap, keeping her knees close together so as to make a comfortable support for the infant, and, first soaping her flannel well, soaps the child from head to foot. If the flannel is properly soaped in the first instance, once soaping should be sufficient. The nurse supporting the child on her left arm then places it in the bath, the temperature of which should be 90° Fahr., for a few moments, and thoroughly bathes it, beginning with its head, which she bathes from front to back. With the left hand under the head, and the right under the back, she then lifts the child out of the bath, and after holding it over the bath for a moment, so that the water may run off it, she lays it on her lap, on which she has previously placed a warm bath towel, and, enveloping the child in it, thoroughly dries it,

beginning with the head and back, and then, removing the towel from underneath it and laying it on its back, completing the process, being especially careful to dry all the creases, after which the baby is dusted with a suitable powder. Another ligature must now be placed on the cord. The cord itself may be enveloped in linen rag and zinc powder, which has the effect of drying it, or it may be simply enveloped in sal alembroth or boracic wool. The flannel binder is next applied. Beginning in front, the binder is rolled under the child, and again passed round it. It is then stitched up the left side, the child being turned on its right side, with its face towards the nurse, for this purpose. The stitching must be begun at the lowest point, and done with the needle pointing away from, instead of towards, the sewer as is usual in sewing a seam. The binder in position, the child is turned on its face, and the napkins, one folded three-cornerwise and the other straight, placed in position. The shirt is now put on, and then the flannel, to which the shirt is hemmed down. It is important to remember that a baby's flannel should be well hollowed out under the arms, otherwise it will not properly cover the chest. The child is then turned on its back, the nurse being careful to support the head when so doing.

After rubbing vaseline on the buttocks, in order to minimize the irritating effects of the *meconium*, the name given to the dark green stools which are at first passed by the child, the inner napkin is pinned up by means of a safety pin, put in with the point away from the nurse. The second napkin is folded round it. The shirt, which is turned up round the bottom is then folded, the flannel stitched up the left side, and the shirt hemmed down in front. The flannel is then turned up, and kept in position with a safety pin each side. If the child is a boy it is usual to pin the thickness of the flannel in front, if a girl, underneath the child. The monthly gown is then taken by the waist with the nurse's left hand, and drawn up over the feet, not put over the head, as this would crush it. It is then fastened at the back, and after the child has had some glycerine and borax applied to its mouth and gums on the nurse's finger it is ready, enveloped in its head flannel, to be taken to its mother, when it should be put to the breast. The duty of the nurse is not complete until she has seen that the child can suck properly, and that it is not tongue-tied.

(To be continued.)

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