

other side of the couch and, talking to the baby (because crying naturally impedes the reduction of the hernia), place your right forefinger on the rupture and with your thumb and second finger on each hand pinch up the skin above and below, so that it forms a fold over the hernia. Remove the forefinger and hold the skin in this position, while your assistant, having damped with turpentine the two undersides of the strapping C and B, applies them one on each side across the abdomen. She then damps the remaining sides A and D, and pulling them in opposite directions while you slip out your fingers, applies them also. A binder must then be put round the baby's abdomen and the mother given instructions to remove the binder

the disadvantage of making the back sore especially if the strap is allowed to get wet. I have seen hernias which neither method would keep in place, and then have successfully employed the second method on top of the first. The babies should come up every fortnight to be re-strapped. The old strapping must be carefully removed, pulling the skin in the opposite direction, the place is then cleaned with a little ether, and this latter washed off with soap and water.

#### OPHTHALMIA NEONATORUM

or purulent conjunctivitis is unfortunately very common among babies of the present day. It is a disease generally due to want of proper



PAINTING BABY'S EYES.

every day while the child is washed, but on no account to interfere with the strapping.

For the other method one long strip of  $1\frac{1}{2}$  in. strapping is required and a penny (if the mother has not one you must use a piece of cardboard and tell her to bring one next time) wrapped in lint. Having warmed your strapping fix the middle of it on the baby's back just opposite or slightly higher than the umbilicus, then getting the mother to flatten the legs again, put the penny on the rupture and bring the left-hand strap right over it and as far as to the right groin. The right-hand strap must cross the other just over the penny and reach to the left groin. Apply a binder as before. This method is much more easily accomplished than the other and can be done by one nurse, but has

attention to the eyes at birth, so we hope that in a few years, when the Act forbidding untrained women to act as midwives is fully in force, it will be more rare. The baby is brought up suffering from a very purulent discharge from the eyes which commenced three days after birth, and as it is probably ten days or a fortnight before he is brought for treatment, the eyes are very swollen and matted together. The doctor's treatment will probably be, to bathe every half hour and paint with silver-nitrate every morning. The nurse must therefore thoroughly explain to the person in charge of the baby, the necessity of bathing the eyes literally every half hour in the day-time and every hour in the night, explaining to her that if for the next three weeks the

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