

Some Complications Arising in Infancy, and How to Treat Them.

There is a great diversity of opinion as to how far a nurse may encroach on a doctor's duties, supposing that medical aid is not forthcoming, and it is a matter of life and death for the patient. Cases like this fortunately seldom occur; but in a scattered district the nurse-midwife may possibly find herself in such a dilemma. In any case, even should a midwife never have occasion to assume full responsibility she should at least understand what ought to be done theoretically, so that she may give intelligent and rapid assistance to the doctor, who in critical cases, where time is so important, has enough to do without being handicapped by an incapable nurse.

First and most serious of infantile complications is *Asphyxia*. It is of two kinds:—

- (a) *Asphyxia pallida*, and
- (b) *Asphyxia livida*.

The former is the more severe. The child is quite white when born, the cord is not pulsating, respiration is nil, and all reflexes are lost. The treatment is briefly as follows:—Wipe the child's eyes and nose, and clear the mouth of mucus with soft rags previously soaked in boracic lotion. Cut the cord, and tie securely with a double ligature. As quickly as possible put the child in a bath of 100 deg. Fahr., and extract any remaining mucus from its mouth, by suction with a metal catheter if necessary. Next, dry thoroughly with a warm, soft bath towel, lay the child on a hard pillow with its chest slightly higher than its head, and perform artificial respiration eight or ten times. (To do this successfully someone should hold the child's feet steady, so that the nurse in raising its arms may draw up its ribs without moving the entire body.) This process—i.e., bath, drying, artificial respiration, should be continued until either,

- (a) The heart stops, or,
- (b) The child passes into *asphyxia livida*.

The treatment is then, a bath of 100 deg. Fahr., followed by a cold plunge, followed by artificial respiration; this routine should be continued until the child makes strong efforts. The nurse should then take the baby on her knee before a good fire, and roll it backwards and forwards, compressing its ribs with each forward movement to cause expiration. With the backward roll all pressure should be removed, and gentle traction applied to the arm lying uppermost, so as to draw the ribs upwards, and induce inspiration. Whiskey may also be rubbed on the child's gums and

chest. If a child is born with blue asphyxia the cord should not be cut until it has ceased pulsating. If it is born only slightly asphyxiated, it will often be enough to slap it well on the back and buttocks and sprinkle with cold water, or dip it in a cold bath. A child in white asphyxia must never be put into a cold bath as it depresses the heart.

Hæmorrhage from the cord is of two kinds, (a) primary, and (b) secondary. The first is the result of a badly-tied ligature, and the remedy is to re-tie it firmly, powder well with starch and boracic, and bind securely. Of course, primary hæmorrhage may also be due to hæmophilia.

The secondary form is very serious. It may be caused by specific ulceration of the cord, or supuration resulting from septic infection. Pressure with the fingers, or a firm pad of wool must be applied until medical aid arrives. If a doctor is not forthcoming and there is imminent danger of the child bleeding to death, pass a needle through the skin on either side of the umbilicus, and draw the edges firmly together by a strong thread made into a figure 8 round the projecting ends of the needle, and apply a pad and bandage.

Ophthalmia neonatorum is generally caused by an unhealthy discharge from the mother's genitals during birth, but is sometimes caused by bacteria which enter after birth, through the infant lying on sheets soiled by lochia, or lying too close to the mother, or too far under the bedclothes. If symptoms occur within twenty-four hours after birth, they will probably subside as quickly as they came, but if they do not occur until the third or fourth day after birth, the case is more serious, and calls for instant treatment. The eyes must be washed with warm water several times a day, and thoroughly cleansed of pus. Two drops of a 2 per cent. solution of silver nitrate must be dropped into the eyes once a day. An unaffected eye must be kept carefully bandaged.

The preventive treatment for ophthalmia is to wipe the eyes clean at birth, and drop into them two drops of silver nitrate of a solution of 4 grains to 1 ounce of water.

Convulsions are by no means uncommon in infants, and treatment, pending the arrival of the doctor, should be prompt. Get ready a bath of 100 deg. Fahr., and lower the child into it in a piece of blanket; keep it in it for five minutes, and during this time keep a cold compress to its head. Lift the child out gently, and dry carefully with a soft, warm bath towel. It should be wrapped in a soft woollen garment, put between blankets, and disturbed as little as

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