

## Baths.

BY MISS MADGE SUTTON.

There is no nursing subject so truly catholic as the one I have chosen, when contemplating it one cannot help feeling how difficult it will be to confine the subject to the required limits.

In the first place, we begin our infant lives with a bath, we continue baths in health as a daily habit, we rely on them for sure help and soothing influence in cases of sickness, and at the last when the tired body is being reverently straightened and prepared for burial, again the friendly hand turns to the last gentle ablution, as a preparation for the long long sleep of death.

"What? Know ye not that your body is the temple of the Holy Ghost?" How often must this be forgotten when we look on the dirt and squalor of the slums of our cities and their inhabitants and even in the cottages of the rural districts. Surely nurses have a great mission to fulfil, in influencing all classes in more hygienic habits.

There is an old saying that "Cleanliness is next to Godliness," and there is indeed deep truth in it.

*The Infant's Bath.*—In the accompanying illustration, on the next page, will be seen the nurse bathing the infant. She is wearing a nursing apron of mackintosh and another of soft flannel, her sleeves are rolled up and she has at hand all that is necessary for the dressing of the little one. The wool vest (long-sleeved) gown and flannel, diaper and pilch are all warming by the fire, with the binder, safety pins, and powder and soft warm towels. The bath is placed near the fire and protected by a screen.

After the eyes, ears, mouth and nose have been attended to with warm boracic lotion, the child is quickly soaped with the hand, and then gently immersed in the bath, the temperature of water being 100 deg. Fahr. It is well first to wash the baby's face and rinse off soap, and in the case of a new-born infant the cord will need attention and redressing after the child has been thoroughly dried, a warm dry fold of the apron being put under the baby when it is turned on the knee, and the whole body rubbed with olive oil or gently powdered after drying—without exposing the infant. A gentle rub all over, and especially down the spine, is helpful to a weakly child.

The illustration represents the correct position in which to hold the baby while in the bath, the head being supported on the arm and the hand reaching to the buttocks. The dressing should be quickly accomplished, with as

little fatigue to the child as possible. The bath should not be given just after a child has been fed; it is preferable between the hours when food is due. Premature babies are too weak to be bathed, an oil rub should be substituted. Children should be bathed at night, and the habit should be one carried out through life. When the child is growing, a morning bath is refreshing and invigorating. This should be only warm, T. 90 deg. Fahr. For delicate growing children a sea water bath is useful.

*Emergency Baths.*—In the event of a child developing convulsions, the nurse may give an emergency bath with safety. This may be done by immersing the patient in a hot bath T. 100 degs. to 105 degs. with, or without the addition of mustard (one tablespoonful to an infant's bath), a cold sponge should be held on the head, and the child will need supporting in the bath as already described. In the absence of a medical man the bath may be continued five, ten, or fifteen minutes, according to the age of the child; in such cases it is necessary to act with decision and promptitude. After the bath the bowels will need attention. During the period of dentition convulsions are most prevalent, but they may arise from other causes.

Other emergency baths may be given in cases of reducible hernia, or of extensive burns—these baths never without a medical man's orders, and the treatment is not very usual.

*Baths as a Means of Reducing the Temperature.*—As has already been described, baths are used for medical purposes, the chief of these being, as a means of reducing the temperature of the body in cases of pyrexia.

This may be done in several ways, two of the best known being either by immersing the patient in a bath—this is done by placing the patient on a sheet and gently lowering it into a bath—or by sponging the patient while in bed.

*The Sponging of a Patient in Bed.*—The bed must be covered by a mackintosh over which a warm blanket is placed. The patient (clothing being removed) is then placed on the blanket and covered with another, which should be light and warm. The nurse stands on the left-hand side of the bed and her assistant opposite her.

In the illustration will be seen garments and blanket warming, and bedclothes ready to readjust; the clinical thermometer, watch and stimulants are at hand, the ward temperature ascertained, and a rubber hot-water bottle at the patient's feet. The temperature of the water will be according to the medical man's orders. The following table is of use:—

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