

## The Midwife.

### The Management of Babies.

An interesting article on the Management of Babies, by Dr. E. S. Littlejohn, appears in the *Australasian Nurses' Journal*. He says in part:—There are several little troubles that may arise during the first week or two of lactation, which may tax the endurance of the mother and the ingenuity of the nurse to the uttermost. It is astonishing what a trifling little detail will upset the baby, and cause constant crying and screaming, which nothing will stop until that little detail is set right. Hence it is important that the nurse should be aware of the different causes of trouble, so that she may be able to discover what is wrong. In some cases it is found that the baby refuses to take the breast. He takes a suck or two and then stops and cries, and nothing will induce him to take any more. As time goes on, of course, he gets more and more hungry, and cries persistently; hunger keeps him from sleeping, and he cries day and night, until both mother and nurse are worn out and in despair. Now, when a baby refuses to take the breast in this manner, it is either because he finds it difficult to get the milk, or because it makes him uncomfortable, or gives him pain to drink it, and, as I have already stated, it is simply astounding what an apparently trifling little matter may be the cause of the trouble, and how absolutely determined that baby is to have nothing to do with the breast until that little matter is set right.

The causes may be either in the mother or the child, and to begin with the child, one very common cause is tongue-tie, which prevents the child from sucking properly. Now I must go into the matter of tongue-tie here, because I find that numbers of babies are sent to the out-patients by nurses, under the supposition that they are suffering from tongue-tie, when, as a matter of fact, not one in six of them has any tongue-tie at all. Hence the nurse should know how to examine a child's tongue to see if it is tied or not. The best way to do this is to place the child on its back on the bed, or on a table, and then place the tips of the first and second fingers under the tip of the tongue, one on each side of the *frænum linguae*, with the palm of the hand towards the child's face, and raise the tip of the tongue upwards. This procedure puts the *frænum linguae* on the stretch, and if it stands

out like a white band to any extent and holds down the tip of the tongue then the child is suffering from tongue-tie to a sufficient extent to interfere with its sucking, and should be taken to a doctor to have it snipped.

Having examined the tongue and assured herself that it is not tied, the nurse should next, if the child is a male, examine for phimosis. There is no more frequent cause of all sorts of troubles in young children than phimosis, and it is a very common cause of refusal to take the breast. The child takes a suck or two and then stops and cries, and obstinately refuses to take any more; this is apparently because the taking of the breast causes a desire to micturate, and the child knows by experience that micturition causes him pain owing to the contracted orifice in the prepuce, and to adhesions between the prepuce and the glans, and he therefore refuses to take the breast, and holds his water frequently for 12 or even 24 hours. Hence it is that, what with increasing hunger and the discomfort of a distended bladder, the child cries and screams night and day, and there is no rest for mother or nurse. I have frequently known this state of things to go on for days, until everybody was worn out, and the mother has at last consented to have the baby circumcised, when immediately he takes the breast freely for the first time, empties his bladder, sleeps all night, and all the trouble is at an end. Hence the nurse should always make a point of examining the child, as it is very common to find only a pinhole orifice, and in rare cases there may be no opening at all. In either of these cases circumcision should be performed without delay.

Then there are cases in which, though the opening appears to be large enough to allow the child to pass water, yet the prepuce is firmly adherent to the glans and cannot be at all retracted, and the retained smegma *præputii* becomes inspissated and causes irritation. This condition often causes just as much trouble, and circumcision is just as necessary. Now, I do not wish you to suppose I am an advocate for universal circumcision. There are many cases in which the orifice in the prepuce is satisfactory, the child passes water freely, takes the breast freely, and there are no symptoms of irritation from adhesions or retained and inspissated smegma, and though the prepuce cannot be retracted thoroughly

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