

Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER VIII.—INFANTILE AILMENTS.

(Continued from page 4.)

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INFANTILE BRONCHITIS does not come on at once, but is usually preceded by catarrhal symptoms, which, only slight at the onset, should never be overlooked nor neglected. The chief cause of the disease is the *continued* action of cold upon some exposed portion of the skin, generally the head and face of the infant, which necessarily are more exposed to the air than any other part of the body; the head also is the hottest part of the infant, and if unwisely over-heated by "wraps," is made still more sensitive to cold. After the first washing and dressing, the head is protected by a flannel square, and, as I have pointed out to you in a former paper, this head wrap should be made of fine soft *Saxony* flannel, which is both warm and light, and when the infant is placed in his cot, it should be kept loosely round his head. The former should have muslin head curtains to protect the head from the air, without in the least oppressing it, but these arrangements are by no means uniformly carried out. The head, even from birth, is "swaddled up" in ordinary Welsh flannel, whether placed in the mother's bed, or his own cot; if the former, the head becomes still more heated, and is often bathed in perspiration—the only part of the infant's body that you know perspires. Now, when an infant is taken out of bed or cot to be changed or fed, especially by the *Soda Water Bottle Feeding*, he is naturally taken close to the fire for the necessary manipulations, the "square" is either taken off or falls off, and Nurse may possibly overlook the fact that the bed room door is partly open, and that the incoming air, or "draught" (and nowhere are they worse than in small houses), and blows full upon the infant's head and face; when we reflect that this kind of thing may take half-a-dozen times in the day, we can understand where the risk of "catching cold" comes in. Now, if the air without were as warm or warmer than the air within the house, this matter of the open door would be of no consequence, as there would not then be any "draughts"; but in our climate this even atmospheric temperature exists but for a brief

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period of the year, that we are accustomed to *call* summer, and the cases in which the temperature of the house is made equal by artificial heat still more rare; and here I must remark that all the difficulties of obstetric nursing deepen as we descend the social scale, and hence greater nursing skill and *resource* is needed to meet them. The evil effects of "draughts" are soon evinced by slight symptoms of catarrh or "cold in the head," running of the eyes and nose, and sneezing, and the poor little nose is the first point of the attack of the enemy, and we must remember that useful and ornamental feature has not yet attained to the proportions of the perfect and the high-bred Aquiline or imposing Roman of future years, and that it is at the best but a poor "stove" to warm the air for the lungs, and the irritation of its mucous surfaces will quickly spread to the wind-pipe and bronchial tubes if *incipient* symptoms are *neglected*; shall we regard or *disregard* them, and go on with the open door? Our first care must be to keep the air of the room up to an *even* temperature of 60° or 65° Fahr., and by this means and carefully *avoiding* chills to the skin, the little cloud may pass over; but, if not, what are the next symptoms on the *downward* path? Hurried breathing, quickened pulse, rise of temperature, tearing dry cough, and restlessness. These symptoms will be still further aggravated, from the third to the fifth day, from the *first* signs of a "cold." The respiration becomes wheezy and difficult, the cough (and it is surprising how babies can cough) is more frequent, accompanied by mucous rattle, and the accumulation of a ropy, tenacious phlegm that must be frequently wiped from the mouth. And here I must remind my young readers that although a young infant can cough, he has no power to expectorate; hence a large portion of phlegm is swallowed and passed through the intestines, where it gets mingled with the evacuations, producing the so-called "slimy motions" seen in infantile bronchitis, which often occasions unnecessary alarm in the minds of mothers and nurses, for Nature is simply removing a waste substance through the bowels that in the adult would be expectorated. Another trouble is that when the infant is put to the breast, he sucks eagerly for a few minutes, when increased difficulty of breathing forces him to desist, and a fit of coughing distresses him still more. I have found in these cases the use of the long tubed nipple shield for suckling serviceable, as by this appliance the infant's face is more exposed to the air, and he can be fed without raising him up: start the milk, to begin with, and it will flow into the infant's mouth. If the maternal milk flow is abundant, too much for infant's strength to take, we must relieve

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