

Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER VIII.—INFANTILE AILMENTS.

(Continued from page 50.)

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NOR do I wish to imply that every tender infant will die of bronchitis, even under adverse conditions, but I do most emphatically wish to impress upon the minds of my Nursing readers that no infant is the better for an attack of bronchitis. It is not only a dangerous, but a *damaging*, disease, even to healthy infants, and its evil effects are often shown in the later troubles of infancy, such as measles and whooping cough. These diseases it may not be in our power to *prevent*; but we can to a large extent forestall bronchitis, by *careful* nursing, and also minimize its inevitable dangers when it unfortunately exists.

Let us now consider what we can do in these two directions, and retrace our steps a little. We have seen that bronchitis may begin with a cold in the head or common catarrh, and with care and under favourable conditions it may end there; in the meantime, our baby is very uncomfortable; the running from the nose makes it tender, and the breathing through it stuffy; we must lubricate the nose all over with white vaseline or cold cream (made in a way I told you of in a previous paper) and a *soft* clean piece of sponge wrung out with hot water, and *lightly* held over the mouth and nose two or three times a day or more will relieve the "snuffing." I have found this simple inhalation of warm moist air very soothing, especially when in addition we raise the temperature of the room to 65° or 68° Fahr. The head must be kept warm with a small, but light (Shetland wool) shawl that will protect the *ears* and a portion of the face from "draughts" in the direction of doors or windows, and when the infant has to be fed (with the Soda Water "Bottle"), the tubal bottle can be used *in* the cot; or if it is to be changed, bring him near the fire, remembering to *keep the feet* towards it, *not* the head, as I have pointed out to you in a former paper.

We will assume that the inflammation spreads *downwards*, that is from the outer to the inner air passages, and we get the bronchial symptoms I have so recently described to you with increased mucous secretion and cough. At this stage of the

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disease you will find for an *immediate* remedy a teaspoonful of pure glycerine and an equal portion of Sy. Tolu, mixed with one table-spoonful of warm milk and water, or barley water, given in teaspoonful doses every two or three hours *safe* and soothing to the air passages, helping up the phlegm. I do not recommend the favourite Ipecacuanha wine—to be given without medical sanction, as I have known a tender infant more distressed than relieved by vomiting if we loosen the mucus it will be coughed up or swallowed with little or no discomfort. As a topical remedy to ease the breathing lubrication of the chest walls with camphorated vaseline, or simple camphor liniment; used in this wise; made warm in a saucer, and a small piece of *soft* clean sponge soaked in it, and then *lightly applied*, (no rubbing) over the surfaces, and medicated cotton wool made hot by the fire will prove useful, pending medical aid that cannot always be obtained on the spot, especially in country places. With regard to linseed meal poultices for tender infants, within four weeks of their existence may be, I do not advise them without medical sanction, for in changing the poultices there is always a risk of chilling the sensitive skin of the infant. However, when they are ordered, they must be applied in this wise—over the back and between the shoulders, and *not* over the chest, so that baby lies on them—not *under* them as it were. Hence we avoid chest oppression so undesirable with the hurried difficult breathing of bronchitis. The poultices should be spread upon a piece of *soft* muslin, not brown paper, and the skin lubricated with vaseline before they are applied, so that they come off clean. I have told you how to make linseed poultices in former papers, so need not repeat the directions. In bronchitis, extra covering for the chest is required, and for *lightness* combined with warmth, a knitted woollen bodice high in the neck and long in the sleeves is the best thing, and this little garment must be worn day and night, and, if in the winter, gone on with until convalescence is established. It is also necessary to keep the lower extremities warm, by placing the hot water tin in the cot, and putting socks on the feet for, the circulation in the lower extremities is very feeble in bronchitis. As well as raising the temperature of the room to 68° Fahr., it is usual to moisten the air of it by the regulation bronchitis kettle, or it can be done by fastening a tin disperser to an ordinary kettle or a piece of *indiarubber tubing with a rose at one end*. The writer has known this last plan serviceable; firstly, from its flexibility, we can turn it in any direction we wish; secondly, we can have in any length we like—and the disperser any *fineness* we wish—to

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