

where the body lay. In the event of the body becoming a nuisance, the authorities of the Hospital could apply for an order upon the parish to bury it, and a magistrate could make such an order, but the parish authorities could recover the cost of the burial from the Hospital. The grandmother was advised to inform the Hospital authorities of the course to be adopted." It may be legal to throw on the Hospital the liability to bury; but it does not appear to be just. The public gives its money for the treatment and maintenance of the sick in the Hospital, not for the burial of the dead; and supposing a number of people could not be buried by their poor friends during the year, funds would be diverted from the service of the living patients to the dead, in a manner that does not seem fair to our Hospitals, who have a considerable struggle, as it is, to meet their liabilities.

Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER VIII.—INFANTILE AILMENTS.

(Continued from page 76.)

At their completion, this Course of Lectures will be published as one of the Series of "Nursing Record Text Books and Manuals"

BEFORE leaving the subject of the respiratory troubles of early infancy, I must remind my young Nursing readers how great is the need of *careful* handling of the infant, in sickness or in health. I have dwelt upon this matter as regards the *head* in an earlier paper, and refer you to it; but we will now take a wider view of the subject, as it is one of much practical importance as regards the care of infants from the moment of birth.

There are two physiological facts that, as I have observed before, should be known by heart by every nurse and mother to whom is entrusted the care of infants, for an ignorance of, or disregard to, them is fraught with evil to infantine health and growth:—1st. The extreme rapidity and force of the circulatory system in infants. 2nd. The rapid rate of growth evidenced by increased *weight*, which, as we all know, is a marked feature in healthy and well cared-for infants. These two vital processes are interdependent, for the ceaseless demand for tissue material demands a constant and rapid supply of arterial blood for the oxidation of the waste tissue upon which healthy renewal or growth depends, and the maintenance of these two vital processes alone makes immense demands upon the

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feeble strength of infancy. Now, there are four deductions to be drawn from these facts that are of great Nursing interest, as they help our little patient to carry on successfully that struggle for existence that begins with his first breath:—1st. Pure air. 2nd. Pure food. 3rd. Artificial warmth. 4th. Sleep. And the three first will promote the last; and we all know, the more a baby sleeps, the more a baby grows. But there is still another point that is, alas! but too often overlooked—the need of *repose* as applied to the *waking* state; and this again will lead us to the subject of "handling." We have seen that the infant heart-beats are extremely frequent, the respiration rapid, and the *slightest* influence *from without* will disturb the balance of the circulation mostly in the direction of increased rapidity, for we all know what a little thing will make our baby "start" when awake, and it always appears to me that this "starting" is akin to fright, and, in infants, is generally followed by "cries." However, be this as it may, "starting" accelerates the circulation, and *whatever* does this, uses up, as it were, a portion of the reserve strength of infancy, and a *hurried, careless method of handling* is a frequent cause of this disturbing influence; and when we consider how many duties a Nurse has to perform for her little charge in twenty-four hours, the value of my observations will become apparent to you. A firm, *light* hand, a *calm*, tender touch, are as gifts in the care of infancy, for if poor baby gets a "fright" *every* time he is attended to, we all know he does *not* thrive under the ordeal. In some women, whether mothers or nurses, this "soothing" Palmistry, of which I spoke, is inherent, and I earnestly advise all Obstetric Nurses to acquire it, for *their own interests* as well as the comfort of the baby. It is a matter of common observation, that infants "get on better" with some Nurses than others, though all may be equally competent, and, from observation, I incline to the opinion that "touch" has much to do with it, as tending to induce a feeling of *security* and *comfort* in the babe. I have particularly noticed this difference in handling in different Nurses during the washing and dressing processes, as accompanied in the one case with piteous cries, and on the other by only "mild protests" in that direction, and I need scarcely remind my Nursing readers that *much crying* is distinctly bad for infants in every respect, and, in extreme cases (to the writer's knowledge), may end in death from exhaustion.

I have dwelt upon sleep as conducive to infant growth and health; but in the waking state, *repose*,

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