

Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER IX.—CONGENITAL MALFORMATIONS.

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

HERE is one point about the topical use of salt to the feet that I will just touch upon, as it may be of some use to my sister-workers—the value of *hot brine* fomentations in cases of sprained ankle or contusion of the foot. Have in readiness a saucepan of boiling brine, made with Tidman's Sea Salt for preference, though common salt will do, dip a piece of soft old flannel of suitable size into the brine, take it out with a stick or a spoon, and, *without squeezing* or wringing, apply it straight to the injured foot, and all over it. The writer can speak from personal experience to the relief and comfort afforded by these salt stripes; whether it is due to rapid evaporation, or from some property of salt, or what not, you can bear them hot out of the brine and on to a tender foot; they also retain the heat for a long time, which is a marked advantage, and they appear to penetrate the tissues, and, in conjunction with warmth and rest, wonderfully assist the healing process. This simple remedy was prescribed for the writer by a well-known Midland Surgeon, who informed her that it was much used in the Droitwich district.

Before concluding the subject of lesions of the extremities, we will mention one that affects the limbs though it does not deform them, and is in truth more distressing than any of the malformations we have touched upon, as it admits of no cure, and holds out the slenderest hope of recovery. Congenital Paralysis: this may be partial or complete—in the former case one or other of the upper extremities may be affected, or both, but the lower limbs sound, or *vice versa*, or the infant may be paralysed on one side of the body and free on the other. In complete paralysis the whole of the extremities are affected, and this does not always affect the infants' health, for they may live to grow up and be hopeless cripples for the rest of their lives. In complete paralysis, the disease is apparent at birth, for the body of the child is expelled in the same manner as in still-birth. The listless arms fall straight down by the side of the body, the lower limbs are equally powerless, and but that the heart beats, you might think baby was

dead. It is a sad spectacle, this motionless infant, for under normal circumstances the limbs are all in full activity at birth, the arms in the direction of the mouth, where fists or thumbs are sucked, and the legs engaged in throwing off the "receiver," and every Nurse knows we often have to cover baby over half-a-dozen times before we are ready to wash and dress him.

Both these necessary processes become increasingly difficult. The infant has a tendency to slip off your lap as though the body was dragged down by the weight of the legs, and when the baby is placed in the bath, the limbs will require keeping together—there is no help in them; and, except that the head does not droop, it is very like washing a still-born baby. Such cases are happily very rare, and hence it will take a Nurse some little time to get used to this unusual condition of things. There are no special Nursing duties; poor baby is an invalid, and you will have to carry out medical instructions. I earnestly caution mothers and Nurses not to tamper with the disease themselves, and to turn a deaf ear to the multitude of amateur or advertising advisers possessing an infallible (of course!) remedy to "cure" the little sufferer, generally, in the direction of mystic embrocations or salves, or the drastic measure of cold-water douching to strengthen the limbs. We know that what science fails to do, ignorance is always prepared to accomplish—at the expense of the patient's purse or life.

Sometimes at birth we see slight facial paralysis due to intense head compression during delivery—one corner of the mouth will be drawn down so that baby cannot suck for some days, or the eyelid "droops," and one eye will remain closed temporarily, or this affection may become permanent. And these lesions are almost always accompanied by the shrill cries that mark brain injury in newly-born infants. As a rule, these troubles pass off, but in bad cases death takes place from convulsions in a few days from birth.

Before concluding the subject of congenital malformations, we must not overlook the most frequent and familiar of them all—*frænum linguæ*—commonly called tongue-tied; and by a large number of mothers and nurses this perfectly natural bridle to the tongue is regarded as a defect, to be met, in popular opinion, by the somewhat drastic operation (?) of cutting baby's tongue! When the matter exists only in the maternal imagination, it is a matter of no importance; but when the defect really exists, it should at once be remedied. Under normal conditions, the *frænum* allows the tongue to be raised towards the roof of the mouth, and to clear the lower lip; and it is this latter action that is so important in sucking—especially in breast-fed infants—for unless the tongue can be

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