

Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER IX.—CONGENITAL MALFORMATIONS.

(Continued from page 128.)

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

THE vascular nævi are of two sorts, smooth and diffused, over a large cutaneous surface, or small and erectile; the former are found in pink or purple patches in various parts of the body; the most frequent example of them are the little pink patches on the eyelids or between the eyes found in newly-born infants. A little patient of mine had these spots very clearly defined, and her mother asked what was the cause of them? I very humbly said I did not know. "I put them down to ham." (!) "Why?" "Because when I was carrying I was always longing for it, and I have *marked* her with it." And I could not but regard the explanation (?) as a severe rebuke to my agnosticism.

Sometimes these pink or purple cutaneous discolourations assume rather curious shapes, generally in the direction of fruits, which are popularly likened to currants, raspberries, strawberries, and cherries. They are found in various parts of the body, and are similarly accounted for (maternally) as due to "longings" for the aforesaid, just as the "mouse" and "monkey" marks are ascribed to "frights," and as it is easier to accept than refute these remarkable hypotheses, I always leave my patients in the peaceable possession of their opinions.

When these purple patches are on the face, they constitute a serious disfigurement, and are popularly called "port wine" marks, and, unfortunately, they are quite ineffaceable.

The vascular erectile nævus, unlike the smooth, is amenable to surgical treatment and can be effaced—hence its interest. The seat of the lesion is the capillaries. It has been defined by eminent medical writers as "consisting of morbid, spongy tissue, formed by an agglomeration of dilated and distorted capillaries inastomising directly and freely with each other. In some cases, arteries and veins, or both together, are affected—the nævus is generally situated in the region of the face, head, and neck. As the growth proceeds, the nævus becomes elevated above the cutaneous surface,

and sometimes forms a soft tumour which may increase to a great extent. It is manifest at birth by a small red or purple spot, and it has a tendency to spread and dilate."

From this description we may see that an erectile vascular nævus more resembles an aneurism than anything else; but, unlike the latter, it is not hazardous to life, and it can be removed. The question of surgical interference depends a great deal upon the position of the tumour; if on the face or neck, it becomes necessarily conspicuous, and hence a disfigurement. Sex is also a matter for consideration—and social position. Supposing that a female child has a nævus at the root of the neck in the front, or in either of the clavicular fossæ, it would certainly constitute a disfigurement, as society exacts that a woman is only *full-dressed* (!) when half-clothed (like a mermaid) and hence interference becomes almost a necessity.

There are many ways used by surgeons for removing a nævus. In infants, vaccination is resorted to, the number of punctures varying with the size of the nævus, the object being to produce a confluent vesicle. Setons also are used; several threads may be passed through the tumour with a fine needle, and left there till they give rise to suppurations. Escharotics are another method, or frictions—to excite adhesive inflammation—with various unguents.

But the most certain and scientific method of obliterating a nævus is by ligature, and the one most in favour with our leading surgeons. Ligatures may be employed in various ways: thus, one or more needles may be passed through the nævus, turning a thread round it, or them, and allowing the whole to remain for two or three days; this leads to strangulation and subsequent sloughing. Another method is to pass two pins at right angles to each other under the nævus, and a ligature tied tightly round the whole; the pins are withdrawn immediately, the ligatures untied four hours afterwards, and a scab forms which drops off at the end of fourteen days or so. By this means entire destruction of the nævus is prevented, but sufficient obstruction is caused to allow the blood in the tissue to become consolidated; the whole then atrophies and drops off, leaving scarcely any scar. The writer has seen excellent results from this last method.

Some of my readers may ask, what has all this to do with Obstetric Nursing? My reply is, that whatever concerns the newly-born is of interest in our portion of Nursing Work, and the nævi we have just been discussing are of special interest in

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