

Infirmaries. It is well known that in some instances these powers have been exercised, and the flourishing and admirable Schools in connection with the Chelsea and the Kensington Infirmaries may be cited to prove our statements. It is unhappily, however, the fact that progress has been stopped, to some extent at least, by the fears which many Guardians feel that the establishment of a Nursing School in connection with their Workhouse Infirmary would entail a greatly increased, and perhaps constantly increasing, charge upon their parochial rates. And this suspicion has probably been deepened by the great cost of the maintenance of the St. Marylebone Infirmary, which—whether rightly or wrongly we cannot say—is partly ascribed to the fact that an independent organization—the Nightingale Branch School for Nurses—is associated with it.

Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER IX.—CONGENITAL MALFORMATIONS.

(Continued from page 4.)

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

FROM these few considerations we can see with what consummate wisdom Nature fulfils her ways, and hence pause before, with heedless reckless hand, we interfere with them, by a "dosing," more often than not unnecessary, but, alas! none the less mischievous.

There is another point to bear in mind with respect to the colostrum. As it only exists in the mother's milk, we cannot have it in hand-fed or wet-nursed infants, and hence we are more likely to have to confront constipation in the newly-born, and, as a consequence, resort to medicinal remedies; and hence we see how infinitely better is *maternal* feeding for the infant, even if only for five or six weeks, than any of those alternative measures we are thrown upon for the nourishment of our little patient.

To return to the subject of infantile constipation. What is it? A temporary suspension of the natural action of the bowels, leading to a retention of the usual excretions. Now, we find that the intestinal

tube is divided into two important portions—the upper, a small intestine, and the lower, or large intestine; and Nature devolves two very different functions to those parts—briefly stated, to the former *assimilation* or digestion of food; to the latter, its final *elimination* as wash. The small intestine begins at the pyloric orifice of the stomach, and ends at the cæcum; it is lined by a sensitive mucous membrane, and is intensely convoluted, so that a large amount of *surface* is packed into a small amount of space. The large or lower intestine begins at the cæcum and ends at the rectum, the only portion of the bowel that is *straight*; it is contained in the pelvis, and terminates at the sphincter ani. The large intestine possesses a peculiar structure that anatomists call *sacculated*—a needlewoman would say "puckered"—and these little spaces are the *sacculi* of the colon, and the contents of the bowel are conveyed *gradually* from sac to sac, by a singular muscular action that is called peristaltic, or wave-like, until they are collected in the rectum and removed from the system.

From this brief, and necessarily imperfect, outline of the subject, we can see that constipation may be due to causes affecting either the small or large intestine; in the former case it may arise from mal-assimilation or imperfect alimentary digestion, commonly called dyspeptic constipation; in the latter, from some hindrance to the proper elimination, or removal of the waste products of digestion by the colon.

In the newly-born, the meconium contained in the intestine may not always be evacuated at the usual periods or in the usual quantities, and this is a familiar form of infantile constipation, and, as I have just mentioned, is better met by *external* than internal remedies. In a few days after birth the motions become paler in hue—lightest green instead of dark, a *perfectly natural* transition, but too often met by Nurses by *unnecessary medication*—and poor baby's first troubles in that direction begin. Soon after this paling down of the first motions, another change takes place in the *colour* of the evacuations. And here I must ask the attention of my young readers to this matter, because, simple as it may appear to you, it is of great importance for you to understand; it falls so completely under the observation of the Nurse; it is better for her to know something about it, in order to avoid errors disastrous to her little patient. When the casein of the milk becomes mingled with the bile in its passage through the bowels, the motions become tinged with it, and are yellow, and this characteristic is maintained during infancy.

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