

Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER IX.—CONGENITAL MALFORMATIONS.

(Continued from page 16.)

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HERE are two causes that may lead to non-congenital hernia in very young infants—straining of the bowels during an action, or excessive crying, which has been said to occasion scrotal hernia. Good washing will largely avoid these evils—first, by the proper feeding of the infant, and, secondly, by vigilance and gentleness.

There is a slight congenital malformation sometimes present in male infants, and peculiar to them, that all women engaged in Midwifery Nursing should understand, as the matter naturally falls under their observation in the first instance, and they must pay careful heed to it.

The seat of the lesion is the prepuce, or foreskin. The effect of the lesion is dysuria in varying degrees. For instance, cases (1) where no water can be passed at all; (2) where the water is passed with difficulty, or dribbles away; (3) where there is no obstruction to the flow of urine, but the prepuce cannot be retracted. The two first conditions may arise from a complete or partial occlusion of the preputial orifice; but they are all included and distinguished by surgeons under the term *phymosis*, and the surgical treatment is circumcision in extreme cases (like the first-mentioned)—a preternatal constriction of the orifice of the prepuce, so that the glans penis cannot be uncovered. The operation must be *performed at once*, and it is a very general opinion amongst surgeons of the present day that it should be resorted to in *all cases* of *phymosis*. In the second case mentioned, the occlusion being only partial, there is no immediate occasion for surgical interference. The third case is one that should never be neglected; the prepuce has a natural power of retraction, but it sometimes happens that it is abnormally elongated, and the orifice unduly constricted, and the loose integument becomes irritated and inflamed, either by the urine passing over it or *friction against the napkins*, and the orifice of the prepuce becomes red, swollen, and painful to the touch, and micturition is also painful; and all these troubles increase as the child gets older. In newly-born infants it is easy to push the elongated

portion of the prepuce back. But no Nurse should attempt to do this—1st, because it is apt to be followed by swelling and inflammation; 2nd, it is not really effectual; 3rd, because circumcision is the true remedy—a safe and simple operation (if we can call it so), which, when performed upon newly-born male infants, causes but little pain, leaves next to no disfigurement, and is a *certain* relief from those miseries that arise from a neglect of this peculiar but far more frequent malformation than is generally known.

As far as the writer's experience goes, parents rarely raise objection to circumcision if the matter is properly put before them, and it naturally falls to a Nurse to draw attention to the defect in the first instance, and a good deal of weight may be attached to her opinion. But I need scarcely remind my young readers that circumcision should never be performed *without* the knowledge and sanction of the parents of the child. Homes are not Hospitals, and there are people who object to it on grounds other than surgical. The period at which interference should take place will depend a good deal upon medical opinion and the nature of the case; but, speaking generally, it is better deferred until after the shedding of the cord, by which time our baby has got over the early troubles that attend his advent, and the maternal breast-flow is well established—two factors to be taken into consideration to promote his well-doing. There will be some local tenderness, and, perhaps, slight inflammation; in the former case, vaseline will be sufficient; and, in the latter, lint dressings dipped into cold water that has been *boiled*, or a simple cooling lotion such as Goulard water. The napkins should be fastened *firmly* round the hips, but *loosely* in front, and frequently looked to, so that they do not remain on too long after they are wetted or soiled.

There is another and opposite malformation, which consists of the retraction of a tight prepuce over the glans penis, with swelling of the parts so as to prevent its return; and this requires surgical treatment so that the everted prepuce can be replaced as quickly as possible, and thus avoid the serious evils that arise from delay. We must ever bear in mind that the malformations we have just touched upon grievously interfere with the future comfort of the child; and as they are best remedied in infancy, the matter falls within the range of Obstetric Nursing. There is another cause of dysuria that arises from the orifice of the urethra being imperforate, when an orifice has to be made

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