Obstetric Nursing.

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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."

Spina bifida.—This malformation affects the vertebral column, its continuity being interrupted at some point by a cleft or fissure through which the cord and its membranes, being deprived of support, protrude and form a tense elastic, fluctuating tumour that varies greatly in size.

The seat of the tumour in spina bifida is a point of much importance; when in the cervical portion of the spine it generally proves fatal to the infant's life within a few days of birth. It is least dangerous when seated in the lumbar and sacral regions. The cyst contains a colourless fluid which is generally covered with skin; occasionally the tumour ulcerates, and, when imflamed or pressed upon, convulsions arise. A crucial point in these cases is the connection that generally exists between the cord, the nerves, and the walls of the sac; and the leading symptoms are due to inflammation of the spinal cord and its membranes.

Spina bifida is sometimes associated with hydrocephalus, to which, it is somewhat akin; the latter disease is due to a secretion of fluid from the arachnoid membrane of the brain, the former to an effusion of fluid from the arachnoid membrane of the spinal cord. In hydrocephalus there is no escape for the effused fluid, so it accumulates in the head; but in spina bifida, the cyst escapes through one or other of vertebral articulations, and cleaves or divides them—hence the name from bifid (divided)—and the formation of an external tumour is the result.

The effect of the disease upon infantile health is extremely serious, and there are poor prospects of recovery; for the most part, the infant dies within a few days or weeks after birth, and during this period it is an invalid. One point about spina bifida is, that, as a rule, it does not materially affect the health of the infant *in utero*—many of them being fully developed at term. Afterwards, the effects vary with the seat of the tumour and its contents. As a general rule, the less it is interfered with, the better; sometimes the amount of fluid rapidly increases, and in these cases, the cyst is sometimes punctured to liberate it; and then again, the surface of the tumour ulcerates; but, in all cases, the leading symptoms are due to inflammation of the spinal cord and its membrane, convulsions, and paralysis of the lower extremities being present. The treatment of the disease is in medical hands, and a Nurse has only to carry out her instructions. The two nursing points are, protecting the tumour from pressure, and dressing it when necessary; the prone position of the infant renders the former a matter of difficulty—pressure cannot always be borne on the tumour, and results in convulsions. We cannot place baby on his face, nor on his side—what can we do? We do not get Hospital appliances in private homes, but the writer has found the following little plan serviceable. Take two very soft pillows, place them side by side, *crosswise* to the cot, lay baby over them *lengthwise* in the cot, and just at that point of the spine where the tumour is, say the dorsal region, *separate* the pillows so as to form a sort of little groove or depression, which will protect the tumour from pressure by keeping it raised from the cot bedding. The infant's head must be kept low and *not* overheated, the face well open to the air, for we must remember convulsions may occur at any moment, and hence the position of the infant is a point to be considered.

Congenital mal-formation of the extremities.—It sometimes happens that one of the extremities is deficient at birth, and, most frequently, the forearm or one of the upper extremities is absent, and, in rare cases, the whole of the limbs are reduced to mere stumps, and all these injuries occur during intra-uterine life, and do not appear to affect the health of the fœtus, the infants being generally born alive and at term. An accident so singular as the spontaneous amputation of a fœtal limb has naturally led to much interesting discussion amongst obstetricians. Amongst others, two causes have been advanced to account for the lesion—arrest of development and amputation. Now, amputation consists in the *removal* of a limb, or portion of a limb, *most* likely at an early period of gestation from some *constricting* cause, and it has been suggested that the funis becoming tightened round a fœtal limb, the circulation in it has become arrested, and that portion of it below the ligature withers, falls off, and is finally dissolved in the Liquor Amnii, and no trace of it is visible. Another hypothesis considers that the constricting cause may be due to bands of false membrane, the result of inflammatory action, by which plastic lymph has been poured out, and becomes changed into

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