

the-circulation, respiration, and general development should be noted. If the infant is a boy, always make sure that there is neither an adherent pro-puce nor actual phimosis. Any abnormal condition must be reported to the doctor.

Anoint the child well with warm oil wherever there is vernix caseosa. The quantity of this varies greatly with different infants. It is usually to be found principally in the axillæ, folds of the groin and neck, under the knees, and on the back. The temperature of the bath should be 100 deg. It is well for a nurse to have learnt how to test the heat of the water by dipping her elbow into it, though it is best always to use a thermometer when one can be had. The child's face is first gently washed on the nurse's lap without soap. Its head, limbs, and body are then lathered with



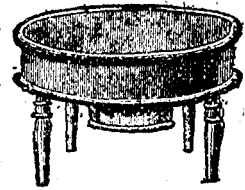
DROP BOTTLE.

soap, and it is lifted into the bath, its head resting on the nurse's wrist, her thumb and forefinger round its neck, the other fingers supporting its back, her right hand grasping its legs. While it is being quickly sponged the nurse supports its head and back, its body resting on the bottom of the bath. It is lifted out in the same way and placed on a warm towel on the nurse's lap. The whole process of washing, drying, and dressing should be carried out very quickly and deftly, with no abrupt or sharp movements, but with skilful rapidity, as a new-born infant is very easily chilled. Drying must be done very thoroughly, each fold gently dabbed with a soft towel. The skin is exceedingly delicate, and the least damp left in a crease of the fat little neck or groin will cause excoriation. Every fold should now be well dusted with a bland absorbent powder; the best for the purpose consists of equal parts, well mixed, of starch and boracic acid powder.

The cord must be tied again as a security against hæmorrhage (it may have shrunk in the bath) and dressed. It must be well dried, dusted with starch and boracic powder, and a square pad of antiseptic wool, with a hole cut in its centre for the cord to pass through, placed in position. The stump of the cord should be drawn upwards and a second layer of wool placed upon it. (The great thing is to keep the cord perfectly dry.) The cord and dressing are held in position and the flannel binder is applied. This is made of fine Saxony flannel, which has previously been washed several times to soften it, torn into lengths of 1½ in. wide and 1½ yards long, rolled ready. A slightly criss-cross direction is taken in bandaging it to prevent it from slipping up the abdomen. It must be firm without being in the least tight, or it will interfere with the child's

breathing. It is secured with stitches, never with pins, the nurse placing her finger inside the binder to avoid risk of pricking the child.

A baby is dressed in the following way:—A soft woollen vest with high neck and long sleeves is passed over its head, its little arms easily slipping into the sleeves. (This vest should always take the place of the old-fashioned cotton shirt. It is important that babies should breathe plenty of cool, fresh air. They part with their animal heat very easily, and it is essential that it should be maintained by suitable warm clothing. Nurses who are engaged in district work will not find it difficult to use up odd moments in keeping themselves supplied with tiny knitted vests.) The child is then turned over on to its face, its arms hanging over the nurse's lap. The soft, folded diaper and the flannel pile are laid over the buttocks, and the long flannel "back-wrap" laid down the back, the little arms passing readily through the shoulder-straps; the child is gently turned back, the buttocks, genitals and thighs are well anointed with vaseline to prevent meconium from adhering to the skin, the diaper and pile are fastened with safety-pins, and the monthly gown drawn on upwards from the feet. A soft, light head-flannel completes the toilet, its principal object being to protect the delicate eyes from contact



BABY'S BATH.

with anything soiled in the mother's bed or on her person when she takes the child for nursing purposes.

The method of dressing the child that I have described is very much less fatiguing to it than the old-fashioned one of turning and twisting it over every garment. (It is well to place a piece of soft rag inside the diaper during the first two or three days to receive the meconium. This can then be burnt instead of giving a good deal of trouble to the laundress.)

The child must now be put to the breast. This helps the mother's uterus to contract. The warmth of her body will be beneficial to the babe after the exposure and fatigue of the bath. In a few minutes it will cease sucking and fall soundly asleep, when it must be laid in its cot. No cotton sheets should be used; it should lie between light, warm blankets, and the room be darkened and quiet. The sleep of a healthy new-born infant is almost continuous. It is only awakened by hunger or discomfort. In some cases it is disturbed during the first few hours by vomiting. The vomited matter consists of mucus and liquor amnii that it has swallowed at the time of its birth. The sooner its stomach gets rid of this the better. The nurse must be prompt in raising its head, or the vomited matter may be drawn into the air passages.

At first it is necessary to look every half-hour, then every hour, to see that there is no hæmorrhage

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