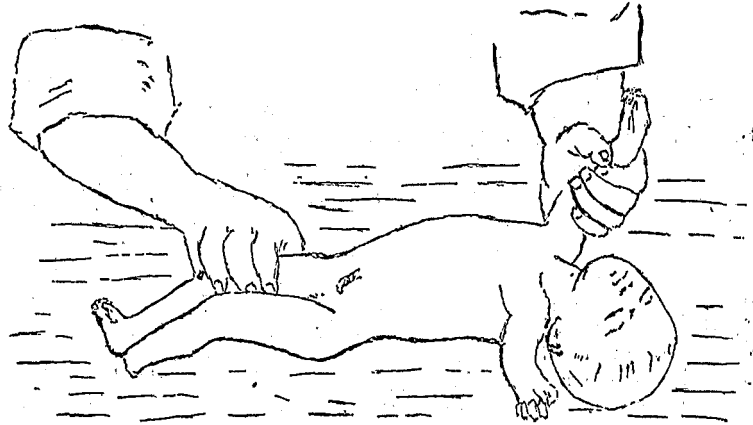


upwards and cause an inspiration. Turn the child on to alternate sides and repeat these movements. An assistant must support the head. From time to time the child must be held with the body inverted and the expiratory movement made to expel mucus.

Sylvester's method of artificial respiration, which is better known, may be employed, in which case the child must alternately be taken out of the bath and dried, artificial respiration be performed, and it again be plunged into the hot bath. As long as the heart continues to beat, resuscitation is possible, and efforts must be persevered in. It must be remembered that in these cases it is not enough to make the child cry. Regular, deep respiration must continue. It is not uncommon for a child to recover partially, and after a few hours of irregular breathing to lapse into its former condition. All severe cases require very careful watching for the first twenty-four hours, as a repetition of the treatment may be necessary.

The child when restored should be quickly dried, anointed all over with warm oil, and wrapped in warm blankets and surrounded by hot bottles well protected. A little brandy and water should be given (half a teaspoonful of brandy with one table-spoonful of warm water, five drops given at a time).

The Care of Premature and Weakly Infants.—The vitality of babies born before term is so feeble that without special care they only live a few days or weeks. An abnormally low weight is always a

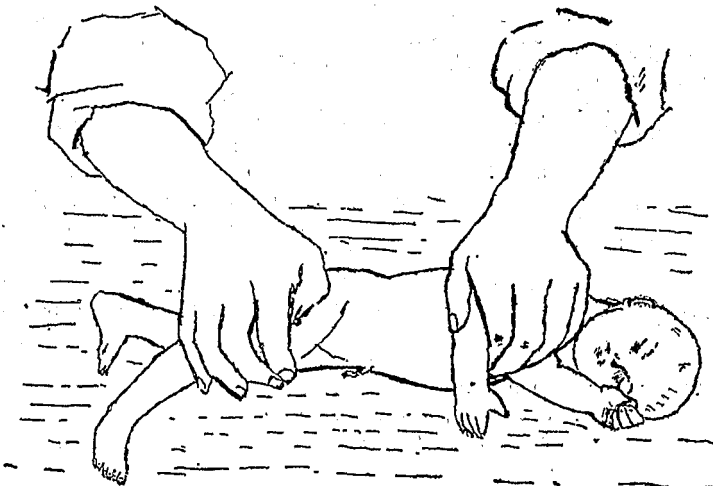


*Marshall Hall's method of performing Artificial Respiration.
Inspiration (Jellett)*

peremptory indication of the need for special care, as is also the length of the body if less than 16 in. All the organs are probably but ill-developed and unprepared for work. The weight of the premature infant may be 4lb. or less. The skin is almost transparent and of a bluish or bright red tint, the hair of the head is short, the body covered with down, the nails are not fully developed, the head is proportionately large, the face small. The skin is wrinkled owing to the absence of fat, the limbs are skinny with no rounded contour; its cry is feeble and whining, and its movements weak.

In managing these infants there are two special difficulties to be overcome: To maintain the normal body heat and to nourish the child. If a premature infant is allowed directly after birth to suffer loss of animal heat, efforts, however strenuously carried on later, will be likely to prove futile. Their extreme susceptibility to cold and the feebleness of their heat-producing power are, perhaps, only fully realised by those who have had charge of such cases. Not only their growth, but life itself depends on the temperature of their bodies being kept at a proper uniform degree.

Directly the infant is separated from the mother it should be quickly anointed all over with warm oil (it must not go through the fatigue and exposure of a bath),



*Marshall Hall's method of performing Artificial Respiration
Expiration. (Jellett)*

We are indebted to Dr. Jellett, of Dublin, for his kind permission to reproduce the illustrations on this page from his book, "Practice of Midwifery for Nurses."

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