

possible. Give the child 1 drachm of castor oil, and, if it is very much cyanosed, whiskey may also be given. (N.B.—If whiskey is ordered for a baby, it may be given up to 2 drachms in doses of 10 drops every two hours. Depressed, concave fontanelles, with weak pulsation, signify that a child's vitality is low and stimulant necessary.)

We say a child has *green diarrhoea* when there are more than six stools in the day of a green colour. It is caused by dirty or cracked nipples, too frequent or too rapid feeding, unsuitable milk, or a badly washed teat, if the child is bottle-fed. Having ascertained the cause, remove it as far as possible, and give the child 1 drachm of castor oil every other day for two or three days. If the doctor suspects that the mother's milk is disagreeing with the child, he may order it to be taken off the breast for a few days and substitute artificial diet. The point for the nurse to remember is that when the child is put back on the breast it should only be allowed to feed for five minutes at a time, and at longer intervals than before. Then gradually let the mother get the infant back to its usual time and quantity.

As a warning of green diarrhoea, or occurring with it, you may get *thrush*, or *Stomatitis mycoca*. It is indicated at first by one or two white spots on the tongue or roof of the mouth, and its treatment is cleanliness. Well wash the mouth with warm water and swab out gently with soft rags soaked in glycerine and borax.

Icterus, or *Infantile jaundice*, occurs as a symptom in three conditions:—(1) Simple icterus, (2) suppurative condition of the umbilicus, and (3) congenital disease. The treatment of the simple form is a mild aperient, one drachm of castor oil or glycerine. The septic condition is serious and requires medical aid at once. All the nurse can do is to see that the cord is well dried after washing, and apply an antiseptic compress of iodoform powder. The specific variety will only yield to grey powders (which contain mercury one in three and prepared chalk), and the treatment must be continued for several weeks.

Mastitis, or inflammation of the breasts, is another complication of infancy. The symptoms are extreme tenderness, and the secretion of a watery fluid. The breasts must be washed and dried very carefully, and great care taken that there may be no irritation from clothing. It is best to protect them with a soft pad of wool. If an abscess forms it should be incised if possible. If not possible, poultices or hot stupes must be applied, until the abscess bursts.

Gum, or *Strophulus*, is a rash occurring early

in infant life. It takes the form of little pustules, and lasts for from two to six days. It is caused by too heavy clothing, or the infant lying too far down in the bed, or too close to the mother. This induces excessive action of the sweat glands, and causes inflammation and a blockage of the ducts. The treatment lies in removing the cause. Keep the child clean, remove all superfluous clothing, and see that it lies well up in the bed.

Retention of urine in an infant is generally caused by stoppage of the urethral orifice by a plug of vernix. Wash the parts well, and, if the child does not then pass water, try a hot stupe over the bladder, or put the child in a bath of 100 deg. Fahr., and while in it, give it two or three teaspoonfuls of cold water. If this is ineffectual the doctor will have to pass a catheter.

These are the more serious of the abnormal conditions occurring in the early days of a child's life, and the nurse will fulfil her duties none the worse for knowing something of their ætiology and treatment. It is a matter for her own common sense to decide where theory is to give place to practice, and loyalty to the doctor to pressing need on the part of the patient.

I. M. A.

Queen Alexandra's Imperial Military Nursing Service.

Miss C. H. Keer, R.R.C., Principal Matron, has arrived home from South Africa to take up the appointment of Matron-in-Chief at the War Office, shortly to be vacated by Miss Sidney Browne, R.R.C.

Miss F. E. Addams-Williams, R.R.C., Matron, Royal Victoria Hospital, Netley, has been placed under orders to proceed to Pretoria as Principal Matron in South Africa.

The following ladies have received appointments as Staff Nurses:—Miss G. A. Aitchison, Miss A. M. Phillips.

POSTINGS AND TRANSFERS.—Miss A. Beadsmore Smith, R.R.C., Matron, to Royal Victoria Hospital, Netley, from Royal Infirmary, Dublin.

Sisters: Miss S. L. Wilshaw, R.R.C., Miss M. M. Blakely, to Military Hospital, Cairo, Egypt, from Military Hospital, Khartoum; Miss W. G. Massey, to Military Hospital, Khartoum, from Military Hospital, Cairo.

Staff Nurses: Miss E. G. Barrett, to Military Hospital, Portsmouth, from Royal Infirmary, Dublin; Miss G. M. Smith, to Military Hospital, Khartoum, from Military Hospital, Cairo, Egypt.

APPOINTMENT CONFIRMED.—Staff Nurse: Miss M. M. A. McCreery.

The undermentioned ladies have been appointed Staff Nurses provisionally: Miss M. Fisher, Miss E. G. Barrett, Miss E. A. Harvey and Miss A. S. Siddons.

[previous page](#)

[next page](#)