

The Midwife.

The Midwife and the Infant.

The duty of a midwife is not only to be skilful in the art of delivery, and in the care of the lying-in woman, but she is also responsible for the comfort and proper dieting of the child during the ten days following labour. She should, therefore, study both normal and abnormal infants—if the latter come under her care it will be her duty to call in medical advice—and by all means to make herself proficient to care for the small people, the responsibility for whose welfare is placed on her by the State.

To this end it is well for her to increase her information concerning them, for many midwives give the greater part of their attention to the mother, and trouble themselves very little about the infant after they have ascertained that there are no abnormalities at birth, and ensured that the child has its daily bath.

The following facts given by Dr. Kelynack, Hon. Physician to the Infants' Hospital, Vincent Square, S.W., in a recent lecture will be of interest to midwives:

The life of the individual may be likened to a ladder divided by the rungs into different periods. These are—1. Pre-natal (intra-uterine). 2. Birth and infancy. 3. Childhood and Youth. 4. Puberty. 5. Adolescence, until at from 20 to 25 years of age Maturity is reached. The period of development represents the rising line of life, a straight line represents maturity, and then comes its diminuendo, or gradual decline, followed normally by euthanasia.

Birth is thus but an incident in the life of a person, an important one it is true, involving profound changes in anatomical structure, and physiological functions, but still only an incident.

The chief needs of the infant are: Systematic cleansing, protection, warmth, and clothing, hygienic management, and loving discipline.

After the birth of the child, the attention given to the cord is important; neglect of precautions in this matter leads to trouble, a striking instance of this being afforded by the island of St. Kilda, where at one time nearly all the babies born died of tetanus from septic infection of the cord.

The temperature of an infant's bath should

not exceed 100 degs. Fahr., and it is important that this should be tested in each case with a bath thermometer. The necessity for avoiding the use of an irritating soap should also be explained to the child's mother. A bath once in the twenty-four hours is quite sufficient for an infant, with periodic local ablutions in addition. At birth the temperature of a child taken in the rectum is 100 degs. Fahr. It then falls to 97 degs. within the next few hours, and later rises again to 98.8 degs. The rectal temperature exceeds that taken in the axilla by about three-quarters of a degree.

The temperature of the newly-born child easily varies. Of recent years it has been clearly shown that, provided it is warmly clad, a vigorous child can with good results be taken out into the open air in suitable weather.

THE NORMAL INFANT.

A normal infant is a sleeping infant. The unborn infant sleeps continuously, and after birth this condition should be continued at first for twenty-two hours out of the twenty-four. Both grown-up people and children at the present day are becoming more irritable and unstable, and are therefore increasingly dependent on sleep, and suffer for the lack of it. The normal infant weighs from $7\frac{1}{2}$ to 8 lbs. The systematic weighing of an infant is important. A weighing machine and weight chart are a great help in estimating the condition and vitality of a child, and forms a forecast of what it should attain in after life.

Taking the weight of an infant at birth at 8 lbs., at five months this should normally have increased to 16 lbs., at a year to 21 lbs., at 18 months to 24 lbs., and at two years to 38 lbs.

The average length of a normal infant is: at birth 20.5 inches, at six months 26 inches, at one year 30 inches, at two years 33 inches, and at three years 36 inches.

At the birth of an infant the bones of its head are separate. Further, at the anterior fontanelle they are united only by a membrane. There is little change in the size of this for nine months, but, it should be obliterated in about 18 months. In case of premature closing a medical practitioner should be consulted, as also in the case of delayed obliteration, which probably is an indication of rickets. In regard to the teeth, it should be remembered that at birth the teeth are to a

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