

examination not be insisted on. Of course no certificate would be given. The idea is that the knowledge gained at a lecture, even if they attended only half the course, would be better than nothing.

It is unnecessary to comment on this plan, for it is not likely it will succeed. The indigent Dai wants no teaching. What has been good enough for her mother before her is good enough for her, and as the people become more enlightened they will be more willing to either come into hospital or have the trained Dais. It will certainly take time, as all things in India do, but it will come, as it has come in other lands.

The Glasgow Maternity and Women's Hospital.

The new Glasgow Maternity Hospital, which was opened last week by the Duchess of Montrose, is second to none in the United Kingdom. It is unfortunately, however, not out of debt, and the Lord Provost, Sir William Bilsland, who presided at the opening ceremony, appealed for the £30,000 which still remains to be paid.

In the course of her remarks the Duchess of Montrose said that before the building was started all the newest and best equipped Continental maternity hospitals were visited in order to ensure that this new building should be up to date in every particular, and as perfect as could be.

Principal MacAlister, President of the General Medical Council, said it was but right that Glasgow, the birthplace of Lister's beneficent discoveries, should show the country and the world how these discoveries might be applied, as in this institution they would be applied and exemplified, to the prevention of the most distressing of all calamities, the calamities of childbirth, and to the preservation of the lives of helpless mothers and their infants. He commended these efforts wholeheartedly to the bounteous support of the community.

Sir Halliday Croom, on behalf of his colleagues in Edinburgh, congratulated the Directors on their great achievement.

We wonder if all midwives know the Cyllin Obstetrical Lubricant, prepared by Jeyes Sanitary Compounds Co., Ltd. It is put up in convenient tubes, and, like other Cyllin preparations, has the advantage of being a non-toxic bactericide. The Cyllin Cotton Fibre, specially prepared for the Royal Maternity Charity of London, and suitable for sponging purposes, should also find favour with midwives.

The Care of an Incubator Baby.*

By JESSIE FORSYTHE CHRISTIE,

Graduate of the Illinois Training School.

There are several incubators which can be rented for use in the home, but I have found that unless the child can be taken to an incubator station, a large clothes basket, lined with hot water bottles and placed in a room which must be kept at an even temperature, answers as well as those which can be rented.

The temperature of the incubator must be regulated to suit the conditions of the child; 89 degs. to 90 degs. is usual, but if the child is in poor condition and has a subnormal temperature the incubator may be warmer. As the child gains, the temperature is gradually reduced.

An incubator to be successful must have a continual supply of warm, fresh air from the outside which has been freed from impurities and moistened. The infant requires careful and constant watching, but should be handled as little as possible, the greatest care being taken not to jolt or jerk the wee mite, as the slightest shock might cause a cyanotic attack.

The baby is clothed in a soft woollen shirt and a loose woollen dress, the diaper is pinned on very loosely and great care must be taken to avoid wrinkles or ridges in the clothing under its back. One wrinkle is sometimes sufficient to stop the circulation.

It should be oiled daily with pure benzoinated lard, the first few days without removing its clothes or taking it from the incubator, but as its condition improves this may be done quickly in a warm room on the nurse's lap. After the first two weeks a hot dip can generally be given every day until the child is strong enough for the usual bath.

Cyanotic attacks or blue spells occur very frequently. They are caused by insufficient feeding, overfeeding, indigestion, choking, and exhaustion, hence the need of constant watching. The child just stops breathing, turns blue, and unless immediate help can be given may die. Artificial respiration should be started at once; while this is being done a hot bath should be prepared, and if the child has not started to breathe, a hot dip given.

The intestinal tract needs constant attention. Normal salt flushings are useful for cleansing and stimulating purposes.

The temperature of the infant should be taken every four hours, a rise of temperature may be caused by the incubator being too hot, by insufficient feeding or irritation of the bowels.

The time of removal from the incubator depends upon the growth and development of the child. It should always be done gradually.

(The care of an incubator baby is a difficult and responsible task, and should be allotted to an experienced nurse.)

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[previous page](#)

[next page](#)