

The bottle-fed baby gains weight at a slower rate than the breast-fed baby.

Following very closely in importance to weight is temperature.

At birth an infant's temperature is above that of its mother, and during infancy and childhood is always a little higher than in adult life.

Pyrexia in an infant may be caused by trivial causes such as change of scene, constipation, and emotional causes. Sudden rise of temperature may have many causes. Disorder of stomach, influenza, pneumonia, erysipelas, meningitis, surgical lesion, and osteomyelitis being the most common. Holt gives for an important cause inanition fever, when the temperature rises from 102 degs. to 104 degs., and the child is not obtaining sufficient nourishment. The temperature will disappear on feeding.

Comby thinks that rise of temperature is often due to concentrated urine.

It is a well-known fact that a child's temperature up to about 10 years will be at its greatest height between 12 noon and 4 in the afternoon, with a marked fall in the evening hours.

As everyone who has had to nurse children knows, the best place for taking the temperature is in the rectum.

Development in the infant is a process of great interest, and a few notes may prove of use to both the mother and the nurse in charge.

As to length, at the end of its fifth year the child is supposed to have doubled its original length.

Probably there is not a single house in England which does not boast of its measurements on the nursery door of the various children who have grown from childhood to adult size.

Which of us have not suffered from heartburn when our younger brother or sister has out-stripped us in length, and left us to creep slowly behind unaided by high heels and big bows on the top of our heads!

Tears come with age—no baby sheds them until the second or even fourth month is passed. We know from experience that when tears reappear in illness the sign is good and may even be considered a really favourable sign.

Taste, smell, and pain are well developed in the early days of life, and soon after birth an infant is able to distinguish light from darkness.

For the first few days all infants are deaf, but very early in life become conscious of all sorts and conditions of noise. It may come as a blow to mothers, but is a well-known fact that although a child may show great interest at

feeding time, it does not recognise its mother's voice for at least several months after birth.

The walls of the intestine are very feeble in early life, which accounts for the distension and flatulence so many young babies suffer from.

As to clothing, the world, fortunately for the coming generation, has undergone great changes in opinion.

Young children are no longer hampered by closely fitting winding sheets; the little limbs are encouraged to go free, and nothing can be warmer or more comfortable than the short woolly vest and jacket and knitted trousers which one almost universally meets with in the modern nursery.

Soap and water, sunshine, and fresh air—three kindly sisters—watch over and help to develop the baby of to-day, both in health and illness. One wonders what the future will hold for so fortunate a person.

M. K. S.

Progress of State Registration.

The consideration of business will necessitate a meeting of the Central Registration Committee towards the end of the year, and it has been proposed that a Registration Reunion should be held on the evening of the same day. This is a happy idea, and, if agreeable to the members of the various Societies affiliated in support of the Registration Bill, a very representative gathering will result, and a spacious place will be required for the purpose.

The National Council of Nurses.

The annual meeting of the National Council of Nurses will be held in London on Friday, November 4th, at 4 p.m. The agenda will be sent out to the Hon. Secretaries of the affiliated societies which form the Council, and will be duly notified in this Journal, which is the official organ of the National Council. The members of the following societies are eligible to attend:—The Matrons' Council, the Society for the State Registration of Trained Nurses, Registered Nurses' Society, St. Bartholomew's Hospital Nurses' League, Leicester Infirmary Nurses' League, General Hospital, Birmingham, Nurses' League, St. John's House Nurses' League, Chelsea Infirmary Nurses' League, Kingston Infirmary Nurses' League, Victoria and Bournemouth Nurses' League, Royal South Hants Nurses' League, School Nurses' League, Steevens' Hospital, Dublin, Nurses' League, and the Irish Nurses' Association.

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