

The Midwife.

THE TRAINING OF NURSES IN THE CARE OF SICK CHILDREN.

Miss Ella M. Rahtge, R.N., of the Illinois Training School, Chicago, in an interesting paper on the above subject read before the Illinois League of Nursing Education and published in the *American Journal of Nursing*, says of the Duty rooms and their equipment:—

The tub bath is dispensed with, and in its place is used the spray bath. In the absence of the well-regulated tank with spray attachment something quite as good but not quite so convenient may be improvised. Over the bath tub two bathing boards may be placed, one at each end and slanting a little towards the centre to promote drainage. If the tub is a low one the boards may be built up conveniently high that the nurse's back may be spared. The boards are covered with rubber-covered pads. Instead of the water tank, then, we have an irrigator with the spray attached. After the child has been bathed on the one board it may be placed on the dry one for the remainder of its toilet.

The supply of toilet articles should be at convenient range, and should consist of sterile boric solution, olive oil, cotton pledgets, mouth swabs and applicators. The best soap to use is probably the pure castile made up in solution, as there is a certain degree of danger in the soap bar that goes from one bath to another. A pair of small, blunt-pointed scissors, orange-wood stick in peroxide, and individual combs in addition to the above will comprise the necessities for ordinary use. The table containing the towels, wash-cloths, and wearing apparel should also be close at hand. The weighing scales are an important accessory. Paper sacks for reception of soiled applicators, pledgets, &c.; receptacles for soiled linen, a separate one being used for napkins soiled with stool, are convenient and desirable.

Daily Care of the Babies.—The babies under two years of age are weighed each morning before the first morning feeding is given. The gains and losses occasion a great deal of interest, since a gain of even a small fraction of an ounce in twenty-four hours gives rise to hope, where the little patient has had repeated losses for some time. Frequently the loss of weight may be general, each baby losing more or less. It has been observed that such a

change usually follows a damp, raw day. Then again, following a bright day with clear atmosphere, the babies may all show gain, from which facts the conclusion has been drawn that the babies are influenced by outward conditions. The nurses are taught what relation the bath hour should bear to the giving of diet, although where there are many babies to bathe in one morning it is impossible to observe that rule.

For the bath, the babe is placed on the bathing board, the head and face first receiving attention; soap is not used on the face unless it be for the initial bath. The liquid soap is then applied to the body, and the spray is used for the rinsing. Needless to say, the babe does not voice his approval as he used to in case of the old-fashioned tubbing. After the drying of the body the baby is laid over on the dry pad and covered while attention is given to the smaller details of his toilet. The eyes are cleansed with sterile boric solution and cotton pledgets, the nostrils with olive oil and applicators; the ears are wiped out with the dry applicator, noting closely whether or not there may be discharge, for frequently the physician will ask about this while trying to account for presence of fever. On the toilet table we have a jar of sterile mouth swabs or large-sized applicators, but they are not often used. The baby's mouth is watched, but not washed unless there is indication. The theory is that the mouths that are washed are more likely to become sore than those that are not washed, this being due to the fact that in some parts of the mouth the circulation is very poor. This is especially true at the junction of the hard and soft palate, a place where ulcers easily form. The oil inunctions are not advised, since the oil is supposed to clog the pores. Powders are used only in the creases of the very fat baby.

With the boy babies, the nurse is taught the care of the foreskin, while with the girls she must be ever watchful for discharge, which may mean specific vaginitis. All discharges, either vaginal or eye, are to be reported at once, and smears made of some of them. The garments worn by the baby are few—in the hot days of summer, just the napkin and thin slip, and the baby is left to lie on its crib without so much as a sheet over it. In the winter time, the close-fitting knitted cotton shirt is worn, and the outing flannel slips are heavier. The bedding is adjusted accordingly, and the ex-

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