

ternal heat in the form of hot-water bottles is kept at as even a temperature as possible when it is necessary to use them. In order to prevent burning from hot-water bottles, the water used should not be hotter than 115° F. Abdominal bands are not used except for young babies who still require umbilical-cord dressings, then a sterile soft gauze bandage is used to hold it in place.

After the bath the baby is placed in its clean, comfortable bed. The mattress is preferably made of hair, and is firm and level, the bedding light and adapted to the indoor temperature. A small feather pillow stands at the head of each crib, which to some extent serves as a protection. The babe is not placed on it except for change of position, and this is one important point made in the nursing care of hospital babies; so many of them are debilitated, and are just in fit condition to develop hypostatic pneumonia unless this point is observed. If the baby is old enough and the doctor approves, it may be allowed to sit up in the corner of its crib surrounded by pillows for a few moments at a time. For older babies who are convalescent and who need to be encouraged to move about, placing them on a thick, soft pad on the nursery floor has brought results.

The elimination is an important thing in the care of all sick children, especially when it comes to the examination of the infant's stool. Unless the nurse knows specifically what a certain stool means and how to describe it, her records are of little help to the physician. This is found to be one of the long-drawn-out lessons of the children's ward. The nurse must first be taught what is normal for the normal breast-fed infant in order to make the proper comparisons. She should know that the breast-fed baby normally has two stools a day, while the artificially fed baby has but one. Often when a nurse has occasion to describe the infant's stool for the first time she has no idea how to describe what she sees before her.

It is necessary to emphasize the significance of the frequency, colour, odour, consistency of the stool, and the fact that mucus in the form of balls is the result of peristaltic action, while if it is stringy it comes from the colon; that blood mixed with stool is due to ulceration at some point in the intestine, while blood on the surface indicates a hard stool, and may be caused by erosion just above or at the sphincter. Curds of different types mean different things; those from fat being white, granular, sand-like masses, or soft, yellow, flocculent masses; those caused by too much

protein are large, smooth, bean-like masses. It is interesting to know that these protein curds will disappear if the milk is boiled, while if they should accumulate in the baby's intestines they may cause obstruction. Colonic flushings of normal saline are given the babies only for the relief of colic or distension. If no stool has occurred in twenty-four hours the long glycerine suppositories are used.

From very sick babies all stools are kept for the doctor's inspection, while from those less ill one specimen daily is enough. It would seem that the best way to preserve these specimens might be in a paraffin envelope, thus keeping the air out and the odour in. The label on the outside should bear the name of the patient and the hour at which the stool was passed.

ST. GEORGE-IN-THE-EAST AND WAPPING INFANT CARE.

On the afternoon of Saturday, July 18th, the eight Infant Consultation Centres belonging to St. George and Wapping met at their annual garden party in the Recreation Grounds. The invitations included fathers, mothers, and babies; several hundred mothers turned up, each with one or two babies, but the fathers were in the proportion of about one to seven. As this is probably the first time that both parents have been included in an invitation of this sort, the percentage is not so very discouraging.

The weather was perfect, and the mothers and visitors seemed to enjoy the flower show, the tea, and the photographs. But the treat of the afternoon was "the dancing on the green" of about forty children organised by Miss Botterill.

There were some depressing sights, but far more that were encouraging.

The number of healthy looking babies and happy mothers was very cheering, so was the rally of voluntary helpers, fifty to sixty, who have, since the work began, been loyal, cheerful, and inspiring friends to both mothers and staff.

Amongst the new friends was Miss Macqueen, lately appointed Principal of St. Katherine's College.

A mother, on leaving, voiced the sentiments of all the others: "We have had a grand time," said she, "and please God we will meet again next year."

REFUSAL TO SUBMIT TO INSPECTION.

The Midwives' Act Committee reported to the L.C.C. on Tuesday that they had had under consideration the case of a certified midwife who has persistently refused since 1905 to submit to inspection. They recommended that it be reported to the Central Midwives Board, that a *prima facie* case of misconduct on the part of a certified midwife has been established in that she has persistently refused to submit to inspection.

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