

live in the Colonies, a fact which is easily explicable, and might indeed have been expected. But without having, we presume, the slightest knowledge as to how many of the defaulters paid their dues between June 30 and December 31, the *Hospital* asserts that the Members who paid their subscriptions decreased "from 3,198 to 1,857, that is to say by 1,341 in one year," a gross misrepresentation on the face of it.

But the wild, weary yearnings of the editor, the wish that is father to the thought, is exquisitely revealed in the last sentence of the article, supremely ridiculous as the triumphant success of the Association proves the prophecy to be: "At this rate the Association must soon die of inanition." Poor *Hospital*! Hope deferred hath made its heart very, very sick.

### OBSTETRIC NURSING.

— BY OBSTETRICA, M.R.B.N.A. —

#### PART II.—INFANTILE.

##### CHAPTER II.—DUTIES AT BIRTH.

(Continued from page 221.)

At their completion, this Course of Lectures will be published as one of the Series of "Nursing Record Text Books and Manuals."

OUR next duty is to attend to that portion of the funis left attached to the umbilicus. And the proper treatment of the navel-string, as it is commonly called, is a matter of much importance in the newly-born. Our first care is to prevent the risk of the umbilical hæmorrhage that sometimes takes place after separation, and to this end we apply a second ligature on the *umbilical* side of the first. To do this, make a perfectly straight loop with your thread, and taking both the ends between the thumb and forefinger of both hands, tighten the ligature as firmly as possible; never *twist* the loop of your thread, if you do your hold is not really secure. The next point is to squeeze out in the corner of a towel all the blood remaining in the vessels of the cord, at its open end, so as to avoid as much as possible any oozing from them. Now what becomes of this remnant of the foetal appendage, its functions being as we know purely intra-uterine? This is a matter of much interest in Obstetric Nursing. Like every other organ cut off from nutrition, a process of atrophy sets in; the sheath withers and after awhile drops off from the

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umbilicus. Now to aid this exfoliation is the object of all we are going to do to the cord. The time that elapses from birth until this process is complete varies. The shortest period in my experience is forty-eight hours; the longest, eight or nine days. But nominally the fifth or sixth day sees the umbilicus cleared. We have guarded against umbilical hæmorrhage: our next care is to keep the cord *straight* to prevent any dragging from the umbilicus, which is a tender part, and to keep it *dry*, which aids shedding. For these purposes we enclose it in a piece of linen rag, which must be *longer* than the cord by about an inch at each end; with regard to width, you will find four inches about sufficient. At the lower end of the rag—that which is to be close to the umbilicus—and in the middle, you make a *vertical* slit about two inches long, and another on *one* side only at right angles to it—*i.e.*, in a lateral direction—to the extent of an inch or an inch and a-half. Taking the cord, place it *straight* up over the abdomen, and pass the rag *under* it, and well round the umbilicus, which the slits you have made in it will enable you to do perfectly well; powder the cord with your dust bag from top to bottom; fold the rag first *longwise* on each side, and then the two ends of it well under towards the abdomen. These little pads, as it were, protect it from irritation when the cord begins to dry up and get hard. The ends we aim at are to keep it (the cord) *straight* to avoid dragging from the navel, and to keep it as *dry* as we can, to prevent fætor. Some Nurses use a special powder for the navel cord, made up of one part oxide of zinc to two parts of starch powder, as being more desiccating in its properties, but I do not recommend it. The less mineral substances we use the better, and I have never known the simpler preparation fail to *begin with*. When we come to a dressing for the umbilical scar we will revert to this matter. Having dressed the navel, as we call it, in order to keep everything in its place, we must apply the flannel belly-binder. There is no point of duty to the newly-born of more importance than this simple appliance, and its proper adjustment is a mark of good nursing. It seems so easy (?) that not one Nurse in twenty ever learns or *tries* to do it right; and I must ask my Nursing readers to thoughtfully follow my instructions, for it is just this want of observation that leads to failure. You have your baby's binder then folded and rolled up—as I have directed you in a previous paper—

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