

ready to hand in your basket ; take it up in your right hand, and unfolding a *small* portion of the binder lay it over the abdomen and cord, placing it just *above* the hips, and just *below* the breast—never forget this. The infant is, of course, on his back, *straight* across your knees ; place the palm of your *left* hand under his shoulders, and turn him over on to your *right* arm ; then take the rolled binder from your *right* hand into your *left*, and pass it smoothly over the back ; again receiving the binder in your *right* hand, lay the infant down for a few seconds, whilst you draw the binder *firmly* over the belly ; repeat the manœuvre I have just described to you to the end of the binder. By these simple *ambidexter* manipulations you will fix the binder securely and smoothly in position. A little practice will soon enable you to do all this with dexterity and celerity, if you only pay attention to a few simple rules. All that remains to be done now is to sew the ends of the belly-binder together. To do this, begin at the *bottom*, passing the fore-finger of your *left*-hand under the binder between it and the belly, so as not to draw the binder *too* tightly over it. Do the same thing when you get to the top of the binder, and be sure to bring both ends of the binder *level* at the top, and sew them firmly together, and I venture to say that your binder will never be found at the baby's heels on the following morning.

We must now begin to put our baby's clothes on ; and I will describe and criticise each article one by one as well as its adjustment, and you will find the Midwife more *en evidence* than the Nurse ; for I distinctly demur to many of the glories of the *layette*, so dear to the heart of Nurses, and the uncompromising objections I shall have to make to the aforesaid are taken from the stand-point of the health and comfort of my dear little patient rather than his *appearance*—not but we mean to make him "smart" in due time ; but we shall not be in a hurry about it till he is christened. The first point is to place your baby ; he must lie straight on his belly, lying across your knees on the warm flannel apron we have kept dry for him with the Turkish towel, his feet towards the fire. This must be a comfortable position for him, because he (my he's, at any rate) is *always good* in it ; the "row" begins when we turn him over. The first garment we put on is the shirt—generally made of French cambric or fine lawn, and trimmed with narrow Valenciennes lace. The little sleeves are of varying patterns, and still more "aggravating"

Loellund's Malt Extract Lozenges contain 30 per cent. "Pure Hordeum" with white sugar. Best lozenges for children, delicious flavour, very digestible, cause no acidity. Invaluable for throat affections. In tins and bottles, 6d and 10d. R. Baetz and Co. 14-20, St. Mary Axe E.C.

sizes—some almost large enough to go over his head, some so small we cannot get them to clear the elbows, if the arms are at all chubby (and babies run fat sometimes, especially if the shirts run small), and our basket-scissors have to be called into requisition, and the sleeves cut. The two shapes most usually adopted for infants' shirts are the immemorial "flapped," and what we will call the straight cut shirt, slightly shaped out round the neck ; both sorts are of course open in the front. Now it is to this well-beloved (by the layette vendors) flap shirt that I object. The aforesaid "flaps" are turned over and pinned (high treason !) or sewn on to the long flannel, hence the shirt is of no use or comfort to the chest and shoulders of the newly-born, a part of the body it is of the highest consequence to cover and keep warm. The high shirt (flapless) protects both, so we will decide to use it for our baby. Put it on as he lies across your knees ; place it over the shoulders, and gently raising the arm from the elbow pass the sleeves over them—you proceed the same way with the flap shirt. If the shirt is long turn it up to a level with the lower end of the belly-binder. We must now place but not *secure* the napkin ; they are for the most part made of diaper, sometimes of satin-like fineness—about the *worst* we can have, they soon get wet, and are cold and clinging ; a commoner kind of diaper with a mixture of cotton is better to my mind, especially when it has been made soft by *repeated* washings. For newly-born infants I prefer *old* soft diapers to anything else, but we sometimes have to put up with the "horrors" of *new* material. A great deal goes to size : some are so large as to be clumsy ; some so small as to be ineffective. Taking a fair average, I find the diaper should be one yard long and seventeen inches wide. This folded in half, and again crosswise, shawl fashion, makes a useful sized napkin for newly-born infants. Folded as last stated, you place it over the buttocks, and tuck the upper portion of napkin for about an inch under the *lower end of the belly-binder*. Do not forget this, as it serves to keep the binder clean, and avoids the necessity for changing it. I will revert to the final adjustment of this napkin further on, when we have to turn our baby over ; and in the meantime go on with the next garment—the all-important long flannel, which should, under all circumstances, be *open* down the front. And here a feeling comes over me akin to despair. How can my pen ever describe all I have seen and "suffered"

Loellund's Alpine "Cream-Milk," pure, sterilized, unsweetened condensed on Professor Dr. Soxhlet's principle, and directly under his supervision. The richest, most nourishing, and delicious. Best and safest condensed milk for infants. Scarcely to be distinguished from the finest fresh cream. 6d. R. Baetz and Co. 14-20, St. Mary Axe E.C.

[previous page](#)

[next page](#)