

in the way of "cries." Now, these often completely baffle a young beginner in our portion of work, and none more than our Hospital Sisters who have temporarily or permanently joined our ranks. Her trembling fingers giving, I presume, a sense of insecurity to her little charge, he redoubles his efforts. Tears often fill his Nurse's eyes, and she seems as though she felt a *personal* responsibility for all the vigorous cries that issue from baby's mouth. Time and experience alone can overcome this little nervousness, and then Nurse will be able to calmly pursue her duties in the midst of liveliest "sounds."

Why do babies cry? and what, if any, importance is to be attached to "cries"?

The three most usual causes for infant crying are cold, hunger, and pain. The first occurs at the moment of birth, when the infant leaves a temperature of ninety-eight degrees for one of twenty degrees, or more or less, which induces that first inspiratory act of such infinite importance to infantile existence; hence we may say that, in a measure, cries caused by cold are salutary. But after the establishment of the pulmonary circulation, our baby must be kept warm, wrapped in his flannel receiver, and placed under the bed-clothes until you are at liberty to attend to him. What do we notice next? He is looking about him, and engaged in the practical process of finding his way to his mouth, into which he has inserted his fingers or his fist. *Some* babies—the clever (?) ones—suck their thumbs in the most amusing way. "Cries" have ceased, and hence we may infer that a feeling of cold has given way to a sensation of hunger; and after the washing and dressing is over we attend to this need. I make it an invariable practice after these duties are done to pass my little finger, bulb upwards, well into the infant's mouth—first, to see that the roof is intact, and whether no cleft palate is present; secondly, to test his suctorial powers, and be guided accordingly. If he displays talent (?) in that direction by vigorously sucking my finger, I come to the conclusion he would prefer something better, and decide to feed him; if, on the contrary, he is unable or unwilling to suck, and more disposed for slumber, I prefer to place him in his cot at once, for the chances are he would eject whatever was given him. We find that cries from cold and hunger can be appeased by warmth and food; cries from pain are not so easily soothed. We Obstetric Nurses generally find that *pain* brings *tears* to baby's eyes, but cries from the other two causes do not; hence we

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may ask, Why do the newly-born suffer pain? The cause is to be found in circumstances connected with birth—notably intense cranial pressure, with or without instrumental aid. There are few of us who really realise the ordeal of birth. An eminent living Physician writes: "Subjected to birth to what would be in the after conscious state an ordeal to which the most cruel of deaths were not possibly more severe, the infant sleeps through the process," and only awakens to *pain* as he awakens to consciousness. And our little patient begins life with pain that neither food nor warmth alleviates, and sometimes cries piteously for twenty-four hours or more, and in extreme cases dies in convulsions from exhaustion. There are other congenital troubles that cause pain, but we will not dwell on them now, as I intend to pursue in the infantile portion of my subject the same plan as in the maternal—viz., to discuss the normal conditions of infant life first, and the many deviations from those conditions, in subsequent papers.

We decide, then, to feed our infant before placing him in his cot. *What* food shall we give, and *how* shall we give it? For my part I prefer to give cream, diluted with hot water, and slightly sweetened with powdered loaf-sugar—one good teaspoonful of the former to two of the latter. I find this lighter on the stomach and more heat-supporting than diluted milk. The point in infantile life is to maintain the circulation, which is enormously rapid; heat is rapidly generated, and combustion must be maintained. I will not discuss the subject of feeding now, as it will form the topic of a future paper. I am simply giving you *ad interim* instructions that hold good for the *newly-born* in almost all cases. Two, or at the most *three*, teaspoonfuls will be sufficient; if more is given it is generally ejected, and makes the infant's gown wet and dirty. How shall we administer this nourishment? The two most usual methods are by the spoon or the teat. I prefer the latter. In very feeble infants we have to use a spoon. Make *sure* that the infant is really *swallowing* what you give him—that it reaches the stomach, and not merely rests in the gullet, to run down the infant's mouth as soon as he is laid to rest in his cot! I have seen infants "crammed" in this kind of way by careless folks, who are quite under the blissful impression that they are feeding them. I have just told you how to test baby's sucking powers; if these are good, his power of deglutition may be pretty safely inferred. The great advantage of

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[previous page](#)

[next page](#)