

## OUR PRIZE COMPETITION.

WHAT ARE THE PHYSICAL DEFECTS FOR WHICH A NURSE OR MIDWIFE SHOULD LOOK IN WASHING A NEWLY-BORN INFANT? FROM WHAT DO THEY ARISE, AND WHAT IS HER DUTY IN REGARD TO EACH?

We have pleasure in awarding the prize this week to Miss E. O. Walford, 235, Maldon Road, Colchester.

### PRIZE PAPER.

Physical defects for which a nurse should look in washing a newly-born infant are:—

1. *Defects of head*, such as anencephalus, hydrocephalus, microcephalus, caput succedaneum, cephalhaematoma, cranial hernia or meningocele, encephalocele, fractured skull, indentation of skull bones, hare-lip, cleft palate, tongue tie, facial paralysis, torticollis, tumours of neck.

2. *Defects of body*, as spina bifida, hernia, imperforate anus, hydrothorax, abnormally large shoulders.

3. *Defects of limbs*, as too many, too few, or partly defective limbs, fingers or toes; club foot, fractures, dislocations, paralysis, particularly Erb's paralysis.

4. *Defects in genital organs*, as adherent labiae, contraction of prepuce.

5. *Skin eruptions.*

1. *Defects of head*—

*Anencephalus*.—The cranium and brain are missing, and the neck is generally shorter, and the shoulders larger than usual.

*Hydrocephalus* is an excess of cerebro-spinal fluid in the cranial cavity. The head is large and soft, and the bones of the cranium are separated.

*Microcephalus*.—The head is much smaller than normally.

*Caput succedaneum* is a swelling which forms on the presenting part, due to pressure on the surrounding parts forcing serum into the loose tissue between the skin and the pericranium. It denotes the severity of labour, and also shows what the presentation was. The caput succedaneum usually disappears without treatment in a few days. The swelling does not fluctuate. It is generally situated over a parietal bone, and may cross a suture.

*Cephalhaematoma* is a swelling which forms on the presenting part, due to exudation of blood between the pericranium and bone. Being bounded by the pericranium it never crosses a suture, though more than one cephalhaematoma may occur. It also differs from a caput succedaneum in that it fluctuates. As a rule a cephalhaematoma gradually disappears without treatment.

*Cranial hernia* resembles a cephalhaematoma, and is a soft tumour which appears at a suture. It contains the membranes covering the brain.

*Encephalhaematoma*, which also appears at a suture, is a tumour containing brain substance.

*Fractured skull* may be caused by pressure in delivery by forceps. The posterior parietal bone is depressed, and meningeal hæmorrhage occurs.

*Indentation of skull bones* is due to pressure caused by (a) long labour, (b) large head, (c) contracted pelvis, or (d) delivery by forceps.

*Hare lip* is a single or double division of the upper lip.

*Cleft palate* is a single or double division of the palate.

*Tongue tie*.—The tip of the tongue is attached by the fraenum so tightly to the mouth that the child cannot suck.

*Facial paralysis* is caused by pressure on the facial nerve during delivery, and usually disappears within a few weeks.

*Torticollis* is due to pressure on, or a rupture of, the sterno-mastoid muscle, and may be caused by pulling the head to deliver the shoulders, or by difficulty in delivering the aftercoming head.

*Tumours of neck* are due to degeneration of lymphatics.

2. *Defects of body*—

*Spina bifida* is a tumour which forms over the spine. It contains cerebro-spinal fluid, and is due to imperfectly formed vertebra or vertebrae.

*Hernia* is the protrusion of a part of the small intestine, and usually occurs at the umbilicus and into the cord.

*Imperforate anus* is caused by the mucous membrane growing across, either at the anus or in the lower bowel.

*Hydrothorax* is a collection of fluid in the chest.

3. *Defects of limbs*—

*Club foot*.—The foot is generally extended and inverted.

*Dislocations or fractures* may be due to difficult delivery, especially in a breech presentation.

*Erb's paralysis* is caused by pressure on the brachial plexus, either in bringing down the arm in a breech, or bringing down the shoulders in a head presentation.

Inform the doctor of any defect. Protect tumours or swellings of any description from pressure.

Where the defect prevents the child from sucking, as in some cases of facial paralysis, hare lip, &c., feed it with a spoon or a pipette.

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