

ciation and the deeply-interested London Hospital solemnly petitioned with the rest. What opinion the petitioners entertained of the Board of Trade is perfectly plain, because the statements which they made are so ludicrously and patently untrue, that they will not bear even momentary scrutiny. Presumably, however, the petitioners knew the characteristics of the Board, because their statements seem to have been gravely swallowed, and the Board declined to grant the licence asked for by the Association. The matter will naturally not be permitted to rest here. The leading medical journals have spoken strongly, and from all parts of the country individuals re-echo the opinion of the Press. Sir Michael Hicks-Beach has condemned the Association unheard, and without giving it any opportunity of pointing out how entirely he has himself been misled. He can have no idea of the grave evils which medical men have so long deplored, which the Association is striving to overcome, and which by his present action he is really assisting to perpetuate.

### OBSTETRIC NURSING.

— BY OBSTETRICA, M.R.B.N.A. —

#### PART II.—INFANTILE.

#### CHAPTER III.—DUTIES AFTER BIRTH.

(Continued from page 4.)

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

THE last garment removed is the binder. Take your sharp-pointed scissors from the basket, and cut the stitches out of it, and pick out the threads; it is a most untidy habit to leave them in that, or any other, of the clothes. Holding the feet with one hand, slightly raise the buttocks, and, with the other, unwind the binder without any further disturbance to the infant. We shall find the funis in the position we placed it—*straight* up over the abdomen. The rag that encloses it may be quite clean, or, which is much more often the case, stained and stiff with the blood that has oozed from open ends of the vessels of the cord. And here I must call the attention of my readers to a very prevalent custom amongst "our incapables" with respect to the dressing of the navel-string. Instead of changing the soiled rag, they put another clean rag between the cord and the abdomen, which they first *singe* (*why*, I know not) and follow that

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up by *tallowing* it, and then replace the binder, and express surprise, when it is again removed, that the "navel looks bad."

Well, then, how shall we change the stiff and dirty rag? By simply washing it off when we have our baby in his bath, which must be given him in precisely the same way as at birth. When he is washed and wiped perfectly dry, you re-dress the navel cord. Put the rag you have soaked off into the fire at once, and apply another in the same way as you did at first. Whilst doing this, you will observe that a great change has taken place in the cord: instead of being round and soft like it was at birth, it has become shrivelled, flat, and stiff; the vessels are distinctly visible, and the ligatures are somewhat loosened; the funis is still firmly adherent to the umbilicus, which shows signs of what Nurses call festering, and there is often foetor. You use the starch powder freely round the base of the cord before placing the clean rag over it.

The bathing of the infant must be done as quickly as possible, consistently with gentleness and thoroughness, and the greatest care exercised to avoid chill to the abdomen and genitals, more especially in female infants, and *always* turn the infant face downwards when taken from the bath on to the *warm*, soft, Turkish towel placed across your lap for that purpose, and then place another one all over the baby from head to foot, and there will be scant chance of chilling. You wipe the back of the head, the shoulders, arms, hands, legs, and feet *before* you turn the infant on to his back; when you do this, pass a soft, *warm* towel between the legs, and cover the genitals and abdomen whilst you wipe dry the other parts of the body. Be very careful to wipe *dry* the creases of the neck, the bends of the arms; and the axillæ, using the powder freely; observe the same precautions with the groin, which are very apt to chafe if neglected.

The washing over, you dress the navel as I have told you (same as at birth), and put on the flannel belly-binder and the other clothes. The usual effect of these manipulations is of a soothing character to the infant, and, after feeding, he will often sleep for four or five consecutive hours or more when placed in his cot.

At this point I will say a few words about a trouble that sometimes occurs within twenty-four hours from birth, and *after* the infant has been attended to and laid in his cot—umbilical hæmorrhage. The first thought that would naturally occur to us would be that this accident (?) *must*

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