

utterly untrue. We hear from all sides of the interest which has been aroused in the Association and in Registration by the publicity given to it by its opponents. We firmly believe that its enemies have given the Association a magnificent opportunity. There should be no hesitation in seizing it. The Association can prove that a Government Department has treated it with the most gross injustice, and that a Cabinet Minister has, in so doing, placed himself in an indefensible position. Let the Association seize its chance, and the sympathy of the entire nation will be aroused on its behalf; and without the least difficulty it will get, not the licence of the Board of Trade, but its Royal Charter. Registration will be forced on the attention of Parliament, and legislation is then certain.

OBSTETRIC NURSING.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER III.—DUTIES AFTER BIRTH.

(Continued from page 29.)

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

UNDER favourable conditions, and careful management, the umbilical scar (commonly called the navel), is perfectly clean and smooth, but such is not always the case. There may be redness and tenderness of the navel, or unhealthy granulations with oozing ("weeping"), from the exposed surface; or erythema round the base of the cord before shedding, or afterwards, round the umbilicus; or there may be bleeding from the navel, as I pointed out to you in my previous paper; and under certain exceptional and unfavourable surroundings, dangerous erysipelatous inflammation. For the first-mentioned trouble unusual vascularity and tenderness, I find a simple dressing of *white* vaseline, smeared over a piece of clean soft rag, as good as anything, applied night and morning. For granulation with discharge, a dressing with zinc ointment is preferable. I mix it with equal parts of spermacetic ointment and fresh cold cream, applied in the same way and times as the vaseline. For erythema, before or after shedding, use the starch powder, prepared as I have already said. For erysipelatous inflammation medical

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aid must be sought, as it indicates serious blood condition, and is usually fatal. The same cause must be pursued in umbilical hæmorrhage, which I brought under your notice in my last paper. With respect to erysipelas of the navel, it may be due to direct infection, or contaminated air. It is by no means infrequent in large Lying-in Hospitals and foul dwellings; but is rarely seen in home practice, under care and cleanliness.

There is another trouble that has to be dealt with after exfoliation. Some cords are not attached *close* to the abdomen, but to a sort of fleshy excrescence or stalk, half-an-inch or more in length, protruding from the umbilicus. We call this sort of "pouching" a protuberant navel; it is a matter of little consequence if properly managed. The only measures required are compression and binding. How shall we pad? In simple cases where the protrusion is only *slight* (and this often occurs), rag or lint will answer our purpose for a compress. I prefer *rag* cut into small pieces, about eight or ten, two and a-half inches long, and one and a-half wide, placed alternately cross-wise and long-wise over the navel. Make firm pressure over the compress, and keep it *in situ* with the belly-binder. In some cases the protrusion is much more marked, the navel projecting for an inch or more from the abdomen, and we have to use and continue a firmer kind of pad or compress, the most popular being a piece of cork cut into disc about an eighth of an inch thick, and protected by lint, or sewn up in a piece of linen rag. A *florin* is sometimes brought into requisition, used in the same way. There is a little plan I have that I prefer to either of these contrivances, which are too *hard* for a tender baby—that is, a *small* piece of sponge pushed well on to the umbilicus over the protrusion, and over that the rag compress, the whole kept in position by the flannel belly-binder. The sponge must be changed night and morning, and kept clean by being rinsed out of a solution of borax. It is better to have two pieces of sponge in use, and change them daily.

And here I must say a word or two about sponges for our portion of Nursing. To my way of thinking, the less we use them the better; and for *both* our patients I only recommend them for face washing. They should be of the finest, softest quality (Turkish), *never* have soap rubbed on to them, nor be wrung out of soapy water. For baby we require a small, soft sponge for the face, and a larger and coarser piece (honeycomb)

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