

Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER VI.—GENERAL DUTIES.

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

I HAVE recently alluded to it as "causeless," it would be more accurate to say difficult to account for; but, as far as my experience goes, I am of opinion that the crying may be brought about by spasmodic pains in the stomach or intestine, by distention of the walls of either viscera by flatus or imprisoned gas, the result of the decomposition of the food; and when we consider the tortuous convolutions of the intestinal tube, and the pressure to which it is subjected from the abdominal viscera huddled together, as it were, from the imperfect development of the infantile pelvis, we can imagine that the slightest obstruction to the passage of the food would give rise to *temporary* pain and discomfort, without any serious result; and, as I said before, very few infants appear to be any the worse for their crying bouts. The recumbent position of our baby, and the weakness of the intestine in infancy, will also favour the accumulation of air in it, and we know that taking our infant up from his cot, and laying him face downwards over our shoulder will often stop the crying. The routine remedy for this particular infantile trouble is one or other of the carminatives—of infallible efficacy (of course)—sold all over the kingdom, and perhaps they are on the whole less mischievous than some of the other developments of infantile quack medicaments, and in many cases they are harmless palliatives for temporary evils; but they all have one depressing result in the long run, the "wind" goes on just the same and cares no more for them than for the old country folks' remedy of a glass of cold water with a red-hot cinder dropped into it, to be given in teaspoonful doses *ad lib!*

Is there nothing we can do, then, for this infantile trouble—flatulence? I think there are three simple measures we can safely rely upon—warmth, friction, and a gentle stimulant. The two first are external remedies; the last we call internal, or medicinal. And these considerations lead us up to the question, "Should an infant of this tender age (mid-month) be bathed in the evening, as

well as in the morning?" For my part, I advise *not*, nor, in fact, do I consider the evening bath desirable nor necessary until the second month is cleared. The loss of *heat*, inseparable from this simple process twice in twenty-four hours, means, to a certain extent, loss of vital energy, which, in this tender period, it should be our duty to conserve, not waste, if we wish to promote our baby's *growth*, and we all know that "chills" are most injurious to infantile health, and we should carefully avoid all unnecessary risks of them. But when an infant has cleared the second week from birth, and is fairly vigorous, it is a good plan to undress him in the evening, sponge the buttock, remove the belly-bands, and put baby face downwards across your knees, having your warm flannel apron next to the abdomen, with your chair quite close to the fire, and baby's *feet* towards it. Then, with one of your hands made warm, pass gently over the shoulders, back, buttock, and lower extremities, and you can keep up this sort of massage (?) for some minutes—nearly all the babies appear to be comforted by it. Then turn him on to his back, and before replacing the binder repeat this *gentle* friction over the abdomen; these simple movements will often expel the air from the intestine, and thus prevent the pain caused by its imprisonment, at least such is the outcome of my experience.

But suppose that, in spite of these soothing measures, our baby cries at night, and we suspect pain as the cause, how shall we get an idea of the seat of it? If the bowels, baby will draw up his feet, and cry when the pain comes on; if in the intestines, the slightest pressure over the belly will cause more "cries"—*i.e.*, increased pain; but if in the stomach (from distension), the cries will be more *continuous* than intermittent, tears will flow copiously down the baby's face, and food will be refused; and change of position appears to afford no relief. In either of these frequent troubles I find the best and safest medicine is the best pale French brandy, it acts both as a carminative and *safe* anodyne: put a teaspoonful into one ounce (two tablespoonfuls) of *hot* water slightly sweetened, give one teaspoonful for a dose, and, *if* necessary, repeat again in an hour's time—as a rule no more is required—the pain is relieved, and baby goes to sleep. I do not recommend this simple remedy to be resorted to on *all* occasions when baby cries, but only when symptoms point to intestinal pain as the cause of the crying.

(To be continued.)

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