

One word more to our contemporaries and the Governors of this Charity. What do these figures mean, except that the Committee have been making reforms, which they have again and again declared to be unnecessary; that they have acted upon criticisms about which they whine, and which they term "attacks"?

Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER VI.—GENERAL DUTIES.

(Continued from page 172.)

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

FLATULENCE leads us to the consideration of another early infantile trouble—constipation, which is more frequent in hand than breast-feeding, the most common cause being *improper food*; and the removal of the cause of the evil is better than any attempts to *cure* it. Constipation does not always give pain to the infant; the seat of the discomfort is the rectum, as a rule. What are our best preventive measures in cases where the infant is carefully fed on cow's milk? We know that it is only the solid portion of the milk (the casein) that occasions the obstruction, and that our best plan is to deal with it *in the stomach*, for "acidity" is the cause of constipation. When you find that the milk or a portion of it is ejected soon after it is swallowed, and that the curd is more solid than usual (and acid), you must put lime-water to the food, a teaspoonful at every feed, until the stomach settles, and you find that the motions are less firm than is the case in constipation.

I pointed out, in a previous paper, that the residual casein should be passed from the bowels almost as soft as the curd ejected from the stomach, the hardening of it being due to the action of the juices of the digestive canal, and the simplest and safest antacid is the lime-water. *Alkalies* should be avoided in lay hands, for, recklessly given, they aggravate the evil they are supposed to relieve, and the practice of giving *magnesia*, without any regard as to *quantity*, has led to the formation of concretions in the in-

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testines, to the great peril of infant health. Nor can the fluid form of magnesia be recommended; it is a caustic alkali, and injures the delicate coats of the stomach and bowels alike. And here I wish to earnestly advise every Nurse in our portion of work "to put away ambition" in the way of *medication*—it does, more often than not, *harm*. Healthy babies do not require it, and sickly ones had better be handed over to the Doctor. As Nurses, we must work upon the lowly lines of prevention, and leave "cures" to professional hands.

What aperient shall we give when we have actual intestinal obstruction? The immemorial castor oil is certainly the most popular, and has the reputation of being perfectly harmless. I do not altogether share this opinion, and recommend you not to be in too great a hurry to give it. Let the natural efforts have a fair chance, say an interval of, at least, twenty-four hours from one relief to another. The orthodox dose is one teaspoonful—place a little white sugar at the end and *under* the spoon, and some on the tongue and lips of the infant, have the head low, pour the oil into the spoon after the sugar is in, press down the tongue gently with the spoon and tip the oil down baby's throat; when you take away the spoon he will suck the sugar off his lips and tongue, and that helps him to swallow his dose. If you merely pour the oil into the infant's *mouth*, it runs out, half of it is wasted, and the gown messed with it; it is better to put a handkerchief under the chin before you give the oil. Boys take it the best; the girls (I sympathise with them) make more "fuss" over their fate! Recently glycerine has been used in lieu of Ol. Ricini. For my part I prefer it. *That* is safe, and you can repeat the dose (same as the oil) without anxiety, and the babies like it, put into a little warm milk.

Sometimes we have what we may call the *rectal* trouble of constipation. How shall we deal with it? Enemas used to be given, as you know, and also certain mechanical measures, such as passing a small plug of soap up the rectum, or cotton-wool steeped in sweet oil, but better than all these applications is a glycerine suppository. You can buy them fit for infantile use. I take one up with my dressing forceps, having thoroughly vaselined them, and pass it well into the rectum, placing the infant on his back for that purpose. I have never known this plan to fail.

(To be continued.)

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