

## Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

### PART II.—INFANTILE.

#### CHAPTER VI.—GENERAL DUTIES.

(Continued from page 232.)

THE Hood marks a step in advance in our baby's little life, for it means that he is about to make his first acquaintance with the world without, and as a consequence must have a head-gear of some sort; but there is something more than head-gear goes to this question, for it leads on to considerations of the greatest importance to infantile life and health. Popularly the baptismal ceremony marks the epoch, and for the want of a little thought thousands of tender infants are hurried to the font, in the face of our pitiless climate, and but too often hurried to their graves from exposure to it. My remarks, of course, apply more to our artisan classes, but they are not entirely without force for their superiors in the social scale. Nor is there any need for this unwise haste, for our Church provides for the private baptism of infants in case of necessity, and in healthy infants the rite can be deferred.

The considerations that should principally guide us here are season, climate, locality, and state of infantile health. With respect to the first, let us assume that the birth took place in November, the worst month in our country for such an event, and, to this, that the infant is an inhabitant of London or one of our large manufacturing cities. Under ordinary climatic conditions, it would be April following before it could be prudently taken out, and by then he would have struggled out of his swaddling clothes and have been increasing in strength day by day. During the winter the babe should be kept in rooms of an even temperature (68deg. Fahr.). The day room should have a *sunny* aspect, a matter of much importance in infantile hygiene; the night, a cool aspect—it can always be kept warm by fires in the cold weather; and during the summer the advantage of a cool, fresh atmosphere for a sleeping room for infants and very young children is most desirable. The influence of *sunshine* and *shade* upon early infantile health and growth is one of much interest to thoughtful observers. Now, if these day and night rooms are well ventilated, the infant obtains as much fresh air as he requires, and in large cities the

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atmosphere in winter is nearly always bad, and the babe is better indoors than out. The value of these precautions will be more apparent when we reflect how many thousands of tender infants are taken out in frost, in fog, in bitter winds, under the deplorable notion that they can be "hardened" by so doing against the vicissitudes of our inclement climate; but, alas! those who know best know but too well that for one infant "hardened" into health by this drastic process, hundreds are "hardened" into disease, suffering, and death. The eminent Physician, Sir James Simpson, denounced this mischievous fallacy of "hardening" tender infants and young children by exposure to weather and also insufficient clothing, and his remarks hold good to this hour.

Let us take another view of the matter, and assume that our baby is born in May (the best month of the year to be born in); we can modify our arrangements to suit the altered conditions. In the first instance we had all the winter months before us; now, we have all the summer and early autumn to look forward to, and by mid-summer town babies can be taken into the square gardens and public parks, and country babies into gardens, fields, and lanes, and sunshine and soft airs make them grow like the flowers.

There is here a point to bear in mind that during the summer the infant's head must be protected from the direct rays of the sun, if carried, by a sunshade; if in a bassinette, by an awning. For my part, I prefer the latter mode of conveyance to carrying, the infant being comfortably laid on a pillow and covered over. *Too much light* is not good, as it over-stimulates the brain, and I have had reason to believe, induces fits of uncontrollable crying. I should also advise the covering of the bassinette to be green or blue, and *not* the usual drab colour. How negligent many Nurses and mothers are in these little (?) matters must be familiar to those who have observed their peculiar style of care-taking.

In an early paper I have told you how to handle the infant; remember these instructions when you have to carry him out. There are two ways of doing this—*underhand* and *overhand*; the former is the right method. The head and shoulders of the infant should rest on one arm (the left), the rest of the body on the other, and the baby held perfectly level. The two hands (palms upwards) are gently closed over the *outer side* of the infant, and held firm; the perfect freedom of the limbs is secured, and there is no risk of the infant being let fall. In *overhand*

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