Obstetric Nursing.

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PART II.—INFANTILE.

Chapter VII.—Special Duties.

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We will now turn our attention to certain deviations from normal childbirth, so far as they affect the health and safety of the newly-born, and the special Nursing duties they require. The practical value of the matters I am about to bring before your notice will become more apparent when we consider the circumstances under which the young women of to-day enter upon their Midwifery Nursing. Our modern medical authorities are of opinion that the best basis to begin upon is a preliminary training in General Nursing at a Hospital. Let us see, then, where it will serve you and where it will fail; and one thing we may safely say, the Hospital drill will have a salutary effect upon you. The first thought that occurs to your mind when you enter upon your course of special instruction at a Lying-in Hospital is, that your general training has been of little value to you as regards the maternal portion of your work, and none whatever as regards the infantile. Again, when you enter upon your Midwifery Nursing, on quitting the Lying-in Hospital, you will find that, from the necessarily brief period (three months at the most), that you passed there, you have still a very great deal to learn in both portions of your work; and that Corrosive Sublimate does not spell Midwifery Nursing!

To make good these inevitable deficiencies, as regards the infantile portion of your duties (as I have hitherto done in the maternal), is the object of my present paper. To begin with, an elementary knowledge of theoretical and practical Midwifery is essential in order to make you an effective and reliable Obstetric Nurse, and some such instruction has been given you in the Lying-in Hospital. Let us apply it to practical use, and extend it somewhat.

The leading fact in parturition, as regards the infantile safety, is what in Midwifery language we call the presentation, and this again is determined by the position of the fœtus *in utero*, and in the vast majority of instances it lies head downwards (the head presents), and we call them head-first labours. The next in frequency is the breech, or head-last labours, and these two types will suffice for our present purpose. When the head is born first, the labour is commonly called natural, and under ordinary conditions no special care is required for the infant. There is one peril ever menaces infant life during birth—at times so slight as to be scarcely perceptible, at others so severe as to lead to serious, if not fatal, results—that is, cranial pressure. The most usual manifestation of this lesion is œdema of the scalp (the *caput succedaneum* of Midwifery writers), due to an effusion of serum under the scalp, and the cyst escapes, at the point of least resistance, the cranial articulations (notably, the posterior fontanelle), and the swelling forms upon the right or left parietal bone—sometimes on both. As a rule, these effusions are of little consequence, and subside in a day or two; but this is not always so, for the cysts do not fill up for a day or two *after* birth (though equally due to cranial pressure), and the swelling or swellings persist for some time. I have also seen them form over the occipetal bone. The points to be observed in these cases is first to avoid all pressure or *friction;* some Nurses unwisely attempt to "rub them down" with their hands, under an impression of dispersing them, and mothers fall into the same error. Secondly, to also avoid *all applications* whatever, such as lotions or ointments. Leave *topical* remedies to medical hands. Spirit lotions are sometimes applied, but as far as my experience goes I have found *leaving the tumour alone* the safest plan; carefulness in handling the head is important. As the infant gains strength and takes food the serum will be gradually absorbed, and the head assume its right shape. On some occasions there is an effusion of blood as well as serum under the scalp; in this case the tumour persists longer—there is lividity and a firmer feel to the touch. These require surgical care from the first. Another result of serious cranial pressure during the passage of the head through the pelvis is the formation of vasular or blood tumours (hæmatoma). These are serious and persistent, and they also require prolonged surgical treatment.

There is another form of head enlargement, due to serious congenital disease and quite independent of birth pressure—hydrocephalus, or watery head. The swelling is sometimes enormous, and the fluid has to be drawn off before delivery can be effected. This affection is due to an effusion of fluid in the brain. Some infants are still-born, others live only to suffer. In order to support

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