

## Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

### PART II.—INFANTILE.

#### CHAPTER VII.—SPECIAL DUTIES.

(Continued from page 411.)

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

THE writer, in earlier days, has witnessed these remarkable manipulations, and mentally resolved never to be personally responsible for them. Happily, better times have brought us better measures, and, I am confident, decreased the infantile mortality in these instances. I shall revert to this subject farther on.

Genital pressure, leading to congestion of the scrotum, or vulva, is not a serious matter, unless (especially in the former case) there has been careless interference during labour; and I have known inflammation of a bad character caused by it; nevertheless, care must be taken of the genitals until all swelling and tenderness subside. The bath is a great comfort here, and the parts must be carefully dried and powdered. In applying the napkin the nurse must be careful not to fasten them in too tightly, and change them rather oftener than usual, and these troubles will soon disappear. Remember in this case, as in others, to give hopeful assurances to that effect, as mothers are sometimes apt to be distressed over the appearances presented at birth.

*Premature Infants* are those born before the completion of the full term of gestation. In Midwifery, we classify them as viable or non-viable. The former are likely to live; the latter are doomed to die, even if born alive.

Uterine age has a most important influence upon infantile life and health, and may even affect the *physical* development of the future life of the individual, though the intellectual powers do not appear to suffer, in an equal degree, from prematurity.

The full period of foetal life is two hundred and eighty days, and consequently we shall better mark out its successive stages of development, and bring them more into accordance with that wonderful law of *periodicity* that governs the whole cycle of uterine phenomena—and more especially that supreme phase of it we call gestation—if we make them the basis of our calculation.

**Cocoa "Gruel."**—Many cocoas now sold are so adulterated with farinaceous, starchy matter, that they disagree with many; causing eructation, "fullness," and consequent indigestion. To such as have found this the case, **De Jong's Cocoa** is strongly recommended as most easily digested and ten times more nutritious. For samples—14, St. Mary Axe, E.C.

Dividing, then, the two hundred and eighty days into forty equal portions of seven days each (weeks), and then again into ten equal portions of twenty-eight days each, we find the full period of the life of the foetus is ten (lunar) months, and I advise mothers to reckon by them, and leave the calendar severely alone.

This wonderful period of existence upon which our lives depend is beset with perils from its inception to its end, and to my mind one of life's most sacred duties is the care of the *unborn*, and the mothers who bear them, for crass ignorance, or criminal intent, *as well as* natural causes, may destroy both lives.

The most critical period of foetal life is during the earlier months of pregnancy, when the uterus being still in the pelvis, the embryo is more likely to be thrown off, and common experience and observation lead us to the conclusion that this disturbance—commonly called abortion—more often than not corresponds with, and appears to be consequent upon, the periodic recurrence of the ovarian *nisus*, which is masked rather than interrupted by pregnancy; and I advise pregnant women to bear this point in mind, and avoid all imprudent risks at those periods.

Before mid-pregnancy an event of momentous importance to foetal life occurs—the rising of the uterus into the abdomen, which, according to my view, bears a fanciful resemblance to the launching of a goodly vessel from her stocks. The beautiful structure, complete in all its main parts, has yet to receive its finishing touches from the creative hand before it can become a thing of life, and a joy to the mother's heart. One of the symptoms that mark this ascent of the uterus is an interruption to the maternal circulation caused by the sudden removal of the pressure of the gravid uterus upon the great pelvic blood vessels, leading to faintness, or syncope, and sometimes to a sensation called "quickenings," or motions of the child, hence made a basis of calculation very often fallacious, from being referred to foetal, rather than maternal, causes.

The latter part of pregnancy is marked by a rapid increase in size and weight of the foetus, and fat is developed. *Pari passu* with these changes, the uterus enlarges and strengthens, preparing itself, as it were, for the colossal task of parturition. The dangers that menace the life of the foetus are still formidable, referable principally to maternal influences, constitutional disease, blood infection, mental emotions, or ex-

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