

to lying-in women and the newly-born, and I use the word "isolation" in its widest sense, not merely the keeping of parturient patients separate, but *the removal from them* as far as human means allow, of all possible sources of zymotic infection. So earnestly do I hold these views, that were I compelled to make a choice, I would decide for "isolation" *without* antiseptics for my patients over "aggregations" *with*, however, well carried out, though of course it is best to have both advantages. To my mind the Notification of Infectious Diseases Act is one of the greatest sanitary measures of our day, as affecting the health of lying-in women and their infants. By its provisions the Health Authorities can remove the fever-stricken from the home and take prompt and effectual measures for the disinfection of the dwellings, bedding, &c., of the working and lower middle-classes, where, of course more over-crowding prevails than amongst the richer part of the community. But the *principle* of "isolation" holds good *everywhere* and for *both* our patients.

To return to our subject; the convulsions of early infancy are at all times dangerous, though by no means always fatal, and medical aid will have to be sought. What is a convulsion? An affection of the respiratory nerve—or phrenic—leading to a temporary suspension of the respiratory muscular movements, whereby the ingress of atmospheric air is prevented to the lungs and the egress of carbonic acid from them. Symptoms of suffocation come on, and a desperate convulsive struggle for breath ensues, and whatever the cause of the fits the phenomena are much the same. Let us remember that in infants the pulmonary circuit is short, the heart beats extremely rapid (150 per minute), the respiration proportionately frequent—in fact the respiratory system is in a state of intense activity, and the slightest check to the course of that ceaseless rushing current of life acts with deadly force upon the sensitive infant frame. Assuming that an infant is suddenly seized with a "fit," what will you do *first*? The more serious symptom is suffocation: attend to that at once, and endeavour to excite an inspiratory act by the reflex irritation of the action of cold; remove all covering from the head, expose the face to the air, dip a sponge into cold water, *lightly* squeeze it, and then dash the water from it right into the infant's face; the shock of cold water leads to an inspiratory effort in the form of a gasp; the douching may have to be repeated until a cry is evoked. Your next step is to prepare a warm bath, as it is almost always ordered by the doctor, and it may be safely done if there is any delay in his arrival.

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How is this bath to be given? Putting an infant into the warm water is *not* giving him a bath in any medical sense of the word. In order to be effectual, the whole of the body, with the exception of the head, must be *completely immersed*, the temperature of the water should be raised to 98°, and *kept to that* so long as the infant remains in the bath: for how long will a good deal depend upon medical direction, and I cannot give any hard and fast rule about it—not *less* than from fifteen to twenty minutes. If carefulness is required in giving the bath, still more necessary is it in taking the baby from it, for negligence in this matter will, more often than not, undo all the good of the bath. Before putting the infant into the water, put *two* Turkish towels to the fire, and, of course, all the clothes; place the bath near to the fire, and your chair close to the bath, as you will have to support baby on your left hand and arm all the time he is in it. Before taking him out, place a hot Turkish towel across your knees, and lift the infant on to it, his face downwards and his feet towards the fire; instantly place the other towel *all over* him—wipe your hands and then wipe the baby, dress as quickly as possible and in the manner I have told you of in a former paper—wrap the infant in a small woollen shawl, and place him in his cot; the head must be kept cool, the rest of the body warm, and the cot warmed if the weather be cold. The hot bath acts as a sedative, and after the fatigue of the washing and dressing and the natural languor that follows the "fits" a prolonged slumber may be hoped for, the best of all nerve restoratives. If sleep does not come on, food must be given from breast or bottle. Before leaving this subject, let me give a word of caution as to *medication* in these cases by Nurses or mothers—uncertain at the best—for such tender lives: it is better left to medical hands, and our duty is *careful* nursing, and the following out of instructions. Constipation is a sequel of convulsions, more often than a cause, in infants of tender age, and judgment is needed to deal with it; hence the reckless administration of the popular purgatives, however simple in themselves, may do more harm than the "fits." As a topical remedy in rectal inertia, the glycerine enemas I mentioned in a former paper are *safe* and, as a rule, efficacious.

Atelectasis pulmonum can hardly be called an ailment perhaps, but it is a singular condition peculiar to the newly-born, and terminating fatally within a few hours, or sometimes days, from birth—it is caused by imperfect lung expansion, hence the respiration is never completely established, the infant

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[previous page](#)

[next page](#)