

Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER VIII.—INFANTILE AILMENTS.

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

ICTERUS, or jaundice, is another infantile disease that discolours the skin, and we have a "yellow" instead of a "blue" baby.

The clear saffron hue of the whole body is most remarkable, due to the bile from the liver passing into the blood instead of the intestine. It is difficult to say what is the exact cause of the disease—some accoucheurs attribute the stoppage of the bile duct to pressure upon the liver at birth—some to heredity, or constitutional liver derangement in the mother, and at other times there seems no accounting for it, infants being liable to have jaundice, whether the mothers be young or in middle life—whether they have had good or bad "times." As far as my experience goes of congenital jaundice, I consider heredity the more frequent factor than any other, as there are instances in which all the infants of the same mother have been attacked. Many infants are sallow a few days after birth, but that hue passes off and the skin soon clears, and, besides, the sallowness is only on the face or neck, but in icterus the bile staining affects the whole body and it is weeks before it passes off, and not infrequently the infant dies of liver disease, especially if heroic medication in the way of mercurializing be resorted to, a common treatment in past times when poor "babies" had prodigious quantities of calomel put down their hapless little throats. Happily, the tendency of modern times is rather in the direction of a *patient* waiting for the liver to resume its functions, and a "masterly inaction in the matter of 'dosing.'" The advantages of breast feeding are immense in these cases, and I should earnestly recommend a wet Nurse being *at once* obtained, if the mother does not, or cannot, suckle. Barley water taken through the bottle *in change* for a breast feed will help to cleanse the liver and intestine, also the kidneys, all of which organs are affected by the disease. After the meconium has passed away, the clay

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colour of the evacuations peculiar to jaundice becomes perceptible; the urine also is darker in hue than ordinary, and it is to these secretions our attention must be directed, as by them alone we can judge as to the progress of the disease, for until they return to their normal condition there is no abatement in it. When they do, slowly and gradually the skin clears, and the little invalid gets well. The infant requires tender care during his illness; all risks of *chills* must be carefully avoided; the room in which the babe lives should be kept up to 70°; the air *pure* by good ventilation; and, most blessed of all influences, *sunshine* should pervade the apartment—a room with a *northern* aspect should ever be avoided for a jaundiced baby—and under wise and patient care the infant is more likely to live than die—at least such is my experience.

Coryza is a catarrhal affection of early infancy, attacking the mucus membrane lining the posterior nares, leading to an accumulation of mucus in the air passages, and difficult or mouth-breathing. It may be due to two causes—hereditary taint, or accident, the effects of chill. The infant catches a cold in his head, and is about as miserable as his elders under similar circumstances. If the "snuffling" comes on at, or very shortly after, birth, it is most probably congenital or constitutional coryza, and the infant must be put under *medical treatment from the first*, as the disease is *obstinate*, protracted, and not infrequently terminates fatally.

In "accidental" coryza, as we will call it, from chill soon after birth, the attack soon passes off under careful management, but on *no account should it be neglected*, or the inflammation may extend to the trachea and bronchial tubes.

The characteristic symptom, "snuffling" or "stiffness" about the nose, is common to both forms of the disease, and occasions great discomfort to the infant when applied to the breast, as he cannot then breathe through the mouth, having the nipple in it, feelings of suffocation come, and the infant gets too little milk to satisfy its hunger, and constant crying is the consequence. In these cases we must use the *long-tubed* nipple shield, so as to keep the child's face away from the breast and open to the air; and even then we have to frequently remove the teat from his mouth, and in bad cases food can only be given by a spoon. Our first care is to keep the room in which the infant is, at an even temperature, 70°, day and night. As the breathing is oppressed, there must be *no weight of*

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