

tunities of obtaining instruction and Nursing knowledge. At the same time, this is a further exemplification of the character of the attendance provided for the patients in the Worcester Infirmary. It is, therefore, evident that it is considered quite a minor matter how Private Nurses are trained in this Infirmary, or how unfit they may be for the career to which they propose to devote themselves, so long as they can scrape through twelve months' residence within its walls.

So much for the broad professional aspects of this strange scandal. The still more curious personal features, and especially the lady-like phraseology and placid proceedings revealed in the evidence, we must reserve for future consideration.

## Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

### PART II.—INFANTILE.

#### CHAPTER VIII.—INFANTILE AILMENTS.

(Continued from page 674.)

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

**A**PHTHA, or thrush, one of the most frequent ailments of infancy, affects the lips, tongue, and fauces, upon the mucous membrane of which appear patches of milk curd; recent researches have discovered that upon these patches of milk curd a filiform description of fungus is developed, and finds a congenial *nidus* in the disordered secretions, which are the main feature of the disease, excess of acid and irritation of the mucous lining of the bowels always existing.

From this brief description it is evident that "thrush" is an "acquired" and not an hereditary disease, though it may be intensely aggravated by constitutional taint. The disease is not often serious, and passes off in eight or ten days from its first appearance. As aphtha is an "acquired" disease, then our first thought will naturally be—How can we forestall or prevent this very undesirable "acquisition" for our little patient?

**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.

The most frequent causes of thrush are improper food, impure air, and negligence in the *care of the mouth*, when the disease first shows itself, and, as far as my experience goes, I find this the best prophylactic. Let us remember that milk is the food of the infant, whether from breast or bottle, from birth; that some of the "curd" therefrom naturally accumulates on the tongue and lips; that in the ordinary course of things these milk particles undergo decomposition, setting up a local acid irritation, and if we get an *impure* atmosphere, as well as a *foul* mouth, our poor baby is a victim to thrush, and as the disorder spreads downwards the throat, stomach, and bowels become affected in turn.

The care of the mouth (like the eyes) begins *at birth*, when all mucus should be drained from it, and the mouth carefully wiped out before separation, and when the infant is washed, this cleansing must be repeated, and the mouth wiped out with a piece of *soft* flannel and clean water, *without* soap, which should never be used for the infant's mouth, and every morning, when the infant is bathed, the mouth must be washed, and with great gentleness, for the baby's mouth and lips are very sensitive.

So much for "prevention;" let us now say a few words about the treatment when we have to confront "thrush." There are two indications of the disease—1st, the familiar white, mildew-like patches that appear on the surface of the tongue and lips, sometimes distinct, sometimes confluent; 2nd, a dark purplish hue of the mucous membrane lining those surfaces, and I have generally found the darker the hue the more serious the attack of thrush. The first thing to be done is to correct the acid state of the bowels by an alkali, the two most frequently used being calcined magnesia and chlorate of potash—the latter being more frequently given, and, to my mind, preferable to the former. The following simple formula is generally satisfactory:—Chlorate of potash 15 grains, syrup of roses 2 drachms, distilled water to 3 ounces; dose, one teaspoonful three times a day until the disease abates, which is usually in eight or ten days. If magnesia be preferred, the dose must not exceed 5 grains in a teaspoonful of aniseed water. As well as an acid, we sometimes get a relaxed condition of the bowels, with feverishness, hot mouth, hot palms, fretfulness; in this case, 5-grain doses of chalk mixture, after each loose action of the bowels, is serviceable, following up the antacid by mild doses of castor oil, which may be combined with that old and favourite preparation, syrup of violets, half a teaspoonful of each given occasionally whilst

**Loefflund's Hordeum Compounds.**—C. Pepsine (in *dyspepsia*), c. Iron (in *chlorosis*, *anæmia*, *jaundice*, pleasant and digestible for ladies and children), c. Quinine (an excellent tonic in *neuralgia*, *nervous headache*, and *debility*) c. Lime—hypophosphit (in *ricketts*, *scrofulosis*, very digestible). 8s. 6d. Sold by Chemists, and Loefflund, 14, St. Mary Axe, E.C.

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