

Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER VIII.—INFANTILE AILMENTS.

(Continued from page 733.)

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

AS far as my experience goes, I have found the simple treatment I brought before your notice perfectly satisfactory. It has, for many years, brought hundreds of maternal benedictions upon my head, and, had I lived two hundred years ago, might have entitled me to the doubtful honour of a "broomstick," or, had my skirts been of the wrong political colour (as they infallibly would have been), promotion to the higher honour of the stake!

I have noticed in early infancy the eruption most often appears on the hands, and we notice an angry looking pimple on one of the fingers, also about the face, possibly from the fact that infants are continually putting their hands to it; but wherever the pustule may show itself, treat it as described. In severe forms of this disease the scalp is attacked, and medical aid will be required for some time, as it may have a malignant origin—the "Scald Head" familiar to Hospital Nurses.

In slight cases, a little simple medication may be useful, and I find the following, cooling to the stomach if there be acidity—one drachm Light Carbonate of Magnesia, one drachm of Manna dissolved in a table-spoonful of hot water, Aniseed water one ounce; throw in the powder after you have mixed the Manna in the water, and let it settle down; shake up when required, and give baby one tea-spoonful, night and morning, so long as is necessary; in elder infants, from 12 to 14 months old, diet is far more important than medicine; milk, farinaceous foods, and cooling drinks, such as thin barley or rice water, flavoured with fruit syrups, or even well-made toast and water, allays the thirst that sometimes accompanies the attack of eczema, and I must point out how important *drink* is to infants, who are thirsty little souls in health and disease.

Herpes is another vesicular disease of the skin that sometimes occurs in infants, usually attacking the buttocks and genitals, and as the *cause* of the mischief is nearly always gross negligence, I write

with a somewhat wrathful pen on the subject. I have pointed out to my nursing readers, in previous papers, how to change, arrange, and manage the infant's napkins, a matter of great nursing importance, as regards the health and comfort of an infant, and refer you to those papers; but there is one point to which I must again revert, as it bears upon what we are now discussing. What is Herpes? It may be briefly described as clusters of little itchy vesicles, that tetter and give a rough, scaly aspect to the surface of the skin affected by the disease; its familiar form being the intolerably sore lip that accompanies a common cold.

Now why should an infant have Herpes at all? I have never seen a herpetic lip in a baby from a "cold:" hence that can hardly be the cause of the evil. It generally comes from three most reprehensible Nursing practices:—1st. Not changing the napkins sufficiently often. 2nd. Applying napkins that have been taken off wet, and dried but not washed. 3rd. The use of washing powders for the napkins and *not* having the napkin well rinsed in clean water. As the two first are in a Nurse's hands, we will confine our remarks to them. Now why do these saturated napkins scald and excoriate the buttocks and genitals? From the urea or solid constituent of the urine *retained* in them, the water is dried off in the form of vapour, the former remains and acts as an intense irritant to the tender skin of the infant, to which we may add the scalding from the heat of the urine. And hence we get *herpes*, showing itself in patches of little white vesicles, and after a while they break, and we have open sores as well, and the state of the parts is most pitiable, and, I may add, shameful, to Nurses or Mothers. The evil generally occurs at the latter part of your attendance from four to six weeks after birth, and is more due to *night* neglect than day, and this leads to *cot* management, which I have dealt upon before, but will touch upon in reference to the disease we are considering. Now we all know that the bedding is protected by waterproof sheeting—*good* for *that*, but *not* for our baby, unless great care and cleanliness is exercised, for want of them adds to the nuisances of our little patient. On the top of the waterproof should be a pad or drawsheet of soft old pieces of blanket folded many times thick. As with the napkins, so with these pads—they should be washed in cold water and dried, if possible in the open air, every day. A change of blanket pieces should always be provided, so that they are used alternate nights, and are always *clean* and *dry*. Now I must ask my Nursing readers to picture to themselves the results of ignorance of, or indifference to, these simple and sanitary measures. For instance, a *dried* but really foul napkin is put on the babe at night, the *dried*, but *never* cleansed, pieces of blanket are put under him, and

[previous page](#)

[next page](#)