

Medical aid must be summoned at once, the infant undressed, and firm pressure made over the navel, with a compress of lint or cotton-wool, steeped in cold water, and kept *in situ* by a cork pressed on by your fingers. You are hardly likely to have a styptic handy, so must trust to cold and compression till the Doctor comes.

Remember, on this and all other *serious* emergencies, to *write* the message down, and state the nature of the case, so that the Doctor comes prepared. This is very important in country cases, where long distances have to be traversed; and we all know that *verbal* messages are apt at all times to be made a "mess of."

This form of hæmorrhage is very serious, and requires constant surgical care. The assigned causes for it are violence to the cord *before* it has *completely* exfoliated, blood dyscrasia, leading to a hæmorrhagic diathesis, and heredity; it is also said to run more in male than female infants. One feature of this complication is the recurrence of the hæmorrhage at uncertain intervals and in varying quantity. For instance, the trouble may appear to have quite passed off, or to be so slight as to lead to the idea that it is controlled, when an attack of bleeding will come on suddenly, worse than any that have preceded it. I have known eczema supervene, but whatever may be the character or accompaniments of the disease, it is almost always fatal to infantile life.

Thursday's duties same as *Monday*, the only difference being that the infant requires a *slightly* increased allowance of food on that day, unless breast-fed.

Friday is a busy morning. Baby must be bathed, clean clothes put on, and the navel dressed. In all probability we shall find the cord off, and the umbilical scar perfectly smooth and clean. Nurses are under an opinion that the cords come off sooner in female than male infants. On other occasions the cord is still adherent, and we observe increased festering at the base and fœtor. The soiled rag must be soaked off, the cord and round the umbilicus wiped thoroughly dry, fresh rag applied, and the starch powder freely used. I also advise that the belly-binder be not removed until the following *Sunday*, when we must examine the navel.

Saturday's duties same as *Thursday*.

On *Sunday* (our baby being a week old) we may, when bathing and dressing him, find the atrophied funis still *slightly* adherent to the umbilicus, by a mere thread, as it were. There leave it. The slightest attempt to pull it off is

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most mischievous; unless you can *wash* the cord off, leave it on. There is a great difference in the periods at which exfoliation takes place, which is difficult to account for. Speaking generally, carefulness aids healthy shedding; and neglect undoubtedly retards it, and leads to unhealthy conditions. Still, the fact remains that under every care the funis will remain much longer adherent in some infants than others, and that the scar is not always satisfactory. The earliest period for shedding is the *third* day from birth (the *Wednesday* of our calendar, counting *Monday* as the first complete day); the most frequent, the *fifth* day from birth (our *Friday*); but the seventh and eighth days are by no means uncommon. I have heard of the cord being on till the *tenth* day, but never had a case in my own practice. There is a prevalent idea amongst mothers and Nurses that the cord remains on *longer* in strong than in weakly infants. I do not share these views, but am quite of opinion that early and healthy shedding is conducive to infantile health, nor do I consider any infant absolutely safe until all his umbilical troubles are over.

In my next paper we will consider the treatment and conditions of the umbilical scar.

(To be continued.)

THE BALANCE OF POWER IN HOSPITAL MANAGEMENT.

— BY E. S. RUNELL. —

DURING the last few years many kindly interested, if not wise and powerful minds, have been exercised on the subject of Hospital management and mismanagement. We have lately heard much of the latter side of the question, and much that is undoubtedly at fault in the working of our large Hospitals has been brought to light. It is to be regretted that so much of the nature of personality entered into the discussions, but we may hope that on the whole the weighty force of public opinion will work with good effect, and produce ultimate good results.

Meanwhile it is in the smaller Hospitals that the evil effects of agitation is the most marked. The men of management begin to look about them for means of assuring themselves that their Lady Superintendent is not too autocratic, and of limiting still further her freedom of action, and that of

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