

ric Nurse must exercise care and good management to forestall, or alleviate, the respiratory dangers from these two causes that threaten her little patient. Again, *season* has an important influence; an infant born in the winter would be more liable to "catch cold" than one born in spring or summer, and the risks from *season*, again, may be increased or lessened by the *aspect* of the infant's room, and I must ask the earnest attention of Mothers and Nurses to this point, which may almost be classed as one of localised climate, and every house has *two* climates, for the reason that every house has *two* aspects, that is, it fronts one or other point of the compass, if it faces the South, it is said to stand N. & S., if the West, E. & W., and so on through all the variations of the compass. In country houses standing detached, we may have rooms with four different aspects, but in town dwellings, whether metropolitan or provincial where houses are built in lines, on each side of the streets, we only get two aspects to each house, back and front, and when these are N. & S. respectively, the rooms facing the south should be selected for the reception of the "coming guest," because by this arrangement we protect our little charge from the cold northerly winds, and secure for him all the low-shining but cheerful beams of the winter's sun, and in due time enjoy the brightening glows of the Spring *sunshine*. That is, the *diffused* (not direct) rays of the sun, such as we get them in a sunny room has a most beneficial influence upon infant health and *growth*; under its genial influence he grows like spring flowers in a greenhouse. The room should be kept up to an even temperature of 58° to 60° Fahr., day and night; hang the thermometer on the *outer*, that will be the *southern*, wall of the room, and away from the fire, or the gas burner at night, if there is one in the room, and scan it at intervals during the twenty-four hours. In the winter and spring months it will require a considerable amount of artificial heat, especially at night, to keep up the required temperature 60° Fahr., which you will find *safer* during that period of the year, when the air of the house may be 20° and the outer air 30° or 40° colder than the room.

*Space and Ventilation* are points not to be overlooked in the infant's room, as they have an important bearing upon respiration. Medical writers tell us, that in health we require something like 800 cubic feet of *well* ventilated space to breathe in, less for women than for men, and if our baby had a room for himself and Nurse only, half that amount

would serve them. But as the mother and infant usually occupy the same room, considerable addition to the cubic feet of "well ventilated space" will be necessary, that is to say, we want a larger room, one capable of containing more cubic feet of air. For instance, let us assume we have a room ten feet high, ten feet wide, and ten feet long, this would give us 1,000 cubic feet of space for mother and infant. We often get more, but more often less, so, as a rule, in private practice, we do not lack space—but there is something more than space required—it must be *well ventilated* space, that is, the air used up by breathing must be constantly renovated and purified. I have dwelt upon the subject of Ventilation of the Lying-in Room in earlier papers, and refer you to them as regards the mother; but it is one of infinite importance to the newly-born. The constant breathing of a vitiated atmosphere such as that of an ill ventilated bedroom, especially a lying-in room is, in itself, a predisposing cause of inflammation of the breathing tract in early infancy, and a spark will surely kindle it into the fire—of fever, and in extreme cases will lead to an attack of infantile bronchitis.

Purity of atmosphere is not attainable in towns, but a careful regard to *ventilation* is, and whether mother and infant occupy the same or separate rooms, I should advise the purification of the air of the rooms with Condyl's Fluid in the way I have previously pointed out to you. This remark applies to *town* houses; in the country we can always sweeten the air of the room with the fresh air without, no need for artificial aids to purification there! But upon the principle, I suppose, "That all is not gold that glitters," we get (by no means rare) *ill* ventilated bed rooms in *country* houses, as patients will sometimes object to have the windows *opened*, if it happens to be any other season of the year than "dog days," and some of the worst *ventilated* (abundantly spacious withal) rooms in my experience have been in country houses, and any suggestion on my part that we should have some fresh air in the room by opening the window, has been so severely *negatived*, that the "idea" had to be abandoned. Ventilation, then, means renovating the air of the room, whether in town or country houses, and these latter have often more hygienic defects than the former.

We have touched upon "Respiration" *Aspect*. *Space and Ventilation* as they bear indirectly upon the subject of Infantile Bronchitis; in my next paper we will enter into the consideration of the causes that have a direct influence in producing the disease, and in what way we shall have to meet them.

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