

far as baby is concerned, and there is a risk of secondary hæmorrhage which does not exist in the simple treatment, and you must be prepared for it. When the operation is decided upon, the infant must be laid on his back, the clothes turned up over his head, the buttocks supported on a pillow and raised above the head, and a napkin placed loosely under them. The puncture of the membrane is generally made with a straight bistoury; there will be slight hæmorrhage in most cases, and Nurse must keep a watch on the rectum for the first twenty-four hours after the operation. A neglect of this precaution, and the absence of medical instructions to that effect, nearly led to a fatal case of hæmorrhage in the writer's experience not long since. When changing the napkins, look to see if any blood is flowing from the bowel; if so, apply cold water dressings to the anus; if the hæmorrhage *increases*, send to the doctor at once, stating the case; but this complication does not often occur. As the object of interference is to liberate the meconium, when that is effected the infant is free from pain and danger.

With regard to the more serious congenital malformation of the intestine, involving not only the rectum, but the colon, and necessitating surgical interference of a serious kind—these operations are at all times hazardous to infantile life; they are for the most part Hospital cases, and therefore we need not dwell upon them.

There is also another malformation of the intestine, not amenable to surgical treatment, that we sometimes see in the newly-born. The seat of the lesion is the small intestines, a portion of which slips or is drawn down into the continuous *inferior* part. This accident is called intussusception, and the inflammation and swelling which arise increase or complete the obstruction. The symptoms are vomiting, absence of stools, pain, tenesmus, and severe attacks of colic marked by loud cries. Food cannot pass the intestine, and the little victim sinks from exhaustion or convulsions. Opiates are given to lull pain, but these and *all other remedies* are in medical hands, and a Nurse has only to carry out medical orders.

So much for mechanical constipation; but we may have constipation in the newly-born from various causes, such as sluggish action of the bowels, torpidity of the liver, bile not being secreted in sufficient quantities—or from some obstruction in the gall duct—not passing into the intestine, upon which it exerts a natural purgative action. The writer is also of opinion that the *diet* of the mother during pregnancy may exert an influence in inducing infantile constipation; but, however, be the causes what they may, constipation in which the symptoms do *not* point to mechanical obstruction, will have to be met by medicinal remedies.

And here we will pause to say a few words about

the meconium, popularly called the "black motions," of the newly-born. It is a dark-green viscous substance peculiar to foetal life; it has also been called digested blood, and we know that a large portion of the arterial blood sent through the umbilical vein from the placenta for the nutrition of the embryo, is directed to the liver, and hence the great size of that organ. One function of the liver is the secretion of bile, strained off through the hepatic ducts, and stored in a special receptacle called the gall bladder, from whence the secretion is passed along the gall duct to the intestine, upon which it exercises a natural detergent and purgative action, tending to free the foetal system from foetal waste; and the meconium is a waste product, contained and retained in the large intestine up to the end of gestation, when it is voided in variable quantities and uncertain intervals soon after birth. Under certain conditions that I have brought before your notice in an early paper, the meconium may be passed before, or during, birth, and that in quantities so profuse as to be injurious to the health of the newly-born.

Bearing these few facts in mind, let us thoughtfully ask ourselves if there are any agents, other than *medicinal*, available in the matter of infantile constipation? We shall find there are *two*, one thermal, and the other maternal; the former is due to the *hot* bath, so essential for the perfect cleansing of the skin of the newly-born, and not only this, but the writer is profoundly of opinion, from no small experience, that the bath exercises a most safe and salutary influence on the bowels as regards the meconium, for in the vast majority of cases it is passed a few hours after the bath, and at intervals, for the first day or two without *pain* or *straining*. On the third day from birth, you repeat the hot bath with the same beneficial results, and by that time the motions are paling in colour and altering in character, and this *gradual* removal of the meconium goes on until the intestine is emptied of it.

The next agent is the *colostrum* of the mother's milk. It is the opinion of obstetricians, and certainly is borne out by practical experience, that this singular constituent of the *first* secreted milk after delivery, exerts a purgative action on the infant's bowels. Sometimes it is ejected from the stomach, serving to cleanse it from the bile, mucus, and acid fluid contained in it at birth. The presence of the colostrum in the milk synchronises with the passing of meconium from the bowels, and it is only by the third day from birth that the milk takes up its normal characteristics; the motions alter in hue, becoming yellow from the bile mingling with the casein of the milk, which also gives the natural consistency and character to the motions, and our baby has been bridged over the gulf that separates his two existences—the unborn from the born!

(To be continued.)

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