

Now it sometimes happens that the bowels are not sufficiently relaxed, or the motions are firmer than natural, and hence there is straining and pain, mostly in the colon, and poor baby gives vent to his woes in piteous cries, and still more piteous looks; the little face has a most dejected expression, and the knees are drawn up towards the abdomen, which is tender and sometimes tympanitic. We may conclude, then, that there is obstruction in the bowels that must be removed by some kind of purgative. To *begin* with, there is nothing simpler nor safer than castor oil, which should always be of the very best and purest quality, and I advise a Nurse to have a bottle by her to fall back upon, *when necessary*, in times of need, such as a country case, or requiring the medicine at night—for delay will only add to the miseries of baby. I have told you how to administer castor oil to an infant, and a great deal goes to the *how*—so need not repeat the instructions. Another point is, shall we give it plain or mixed with something else—a popular addition being syrup of rhubarb—but this is a good deal a matter of choice (I don't mean the baby's); but, for my part, I do not see the need for giving two purgatives at once, but in these cases there is often flatus and colicky pains; five drops of pale brandy added to the oil will relieve these symptoms, and one dose (teaspoonful) will suffice to get the bowels moved. Should, however, a recurrence of the constipation take place in a few days after dosing, we must not too hastily repeat the treatment, singular though it may appear, without medical sanction, for we must remember that it is the tendency of purgatives to force the action of the colon, and if this process is too often repeated, we interfere with the gradual, almost rhythmical, muscular movements of the bowels, so essential to infantile health.

Whilst upon the subject of purges, we may mention enemas. In my judgment, they are not to be commended, nor do I advise a Nurse to give them to baby without advice. When you have to do so, you must have an infantile enema—a small india-rubber syringe with a long and slender nozzle. An ounce of fluid is sufficient for an infant—soap and water is a popular form of injection—a thin gruel with a tea-spoonful of castor oil. There is also a mechanical application that, though in favour with nurses and mothers, I strongly deprecate, *viz.*, a plug of yellow soap inserted into the rectum, and left there in order to excite an action of the bowels.

Except in rare cases where *nutritive* enemata are required, I never recommend them for infants. As regards rectal troubles, there is nothing simpler nor safer than a glycerine enema, about a tea-spoonful at a time. Place the infant on his back, the buttocks slightly raised on a pillow, so that the glycerine can be retained in the rectum as long as possible.

With respect to dyspeptic constipation, I shall say but little, as we do not intend to feed “our” baby upon “starchy” compounds of any sort; and if we get constipation, it will most likely be due to serious constitutional causes that require very skilful medical care, and the Nurse will have to carry out instructions; but the nursing skill will very greatly aid the medical treatment.

Whilst upon the subject of intestinal malformation, we may mention congenital hernia, umbilical, inguinal, or scrotal. The first does not show itself until after the shedding of the cord, when the umbilical cicatrix becomes the seat of a cylindrical or conical tumour, into which a portion of the intestine or omentum protrudes. This hernia can be reduced by a compress and bandage in the way I pointed out to you in an earlier paper, and I earnestly advise nurses and mothers never to neglect this little defect, especially in female infants, as it might become a cause of serious umbilical hernia in adult life. A few days after birth a small swelling or tumour may be detected in one or other inguinal region, or both, and this fact should *at once* be brought under the notice of the doctor, as the rupture is apt to rapidly increase if measures are not taken to reduce it. In scrotal hernia, a portion of the intestine slips into the genital sac, where it can be detected on touch by its peculiar feeling of firmness; but a Nurse must not conclude that every case of scrotal enlargement is due to *hernia*. It may arise from comparatively simple causes, such as distension by air or fluid; and at birth the scrotum may be distended from temporary causes such as birth pressure, but the swelling subsides in a few days. As the genitals are external in male infants, there is always great need for carefulness in handling when bathing or changing them; the scrotum is liable to excoriation from the urine—to chapping from not wiping the parts *perfectly* dry with a soft napkin after sponging or bathing. In male infants, I advise that the genitals be sponged every time the napkins are changed, and when wiped dry, powdered with starch powder—chafing is really due to careless nursing. If the scrotum be tense and inflamed, careful lubrication with vaseline is soothing, or sometimes cooling lotions and cold applications are necessary, but you will have to take the doctor's directions in this matter. If the excoriation arise from an acid state of the urine, a small dose of bicarbonate of potash for a day or two is often given. A drachm of the salt is dissolved in six ounces of distilled water, or water that has been *boiled*, and a teaspoonful is given in sugar and water once or twice a day; this simple remedy is, of course, good for female infants in case of excoriation of the vulva from the urine, and the need of perfect cleanliness of the genitals is the same in both sexes.

(To be continued.)

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