THE VALUE OF SPECIALIZING IN THE CARE OF SICK BABIES¹

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A specialist is usually regarded as one who knows more about his particular line of work than a general practitioner. If this is true in the practice of medicine, it is equally so in the practice of nursing.

There are many advantages to be considered in taking a post-graduate course. Every nurse is especially adapted to some particular phase of the work, be it surgery, fever nursing, obstetrics or the care of sick children, and in choosing to specialize in the last mentioned, which I esteem most vital because of its relation to the coming generation, an essential quality is fondness for children. A nurse may be well versed in knowledge but if she does not make herself acceptable to the child, she cannot hope to obtain good results.

A sick baby is indeed a problem. Our three years' preparation in hospital training schools is insufficient to cope with this situation; hence the value of special instruction. Every minute of the time devoted to study will be multiplied many times in the advantages it brings to us. In specializing in the care of sick babies, I refer especially to the digestive diseases, viz., cholera infantum, enterocolites, dysentery, malnutrition, etc. These mow down our babies summer after summer, increasing infant mortality. Considering that these diseases are largely preventable, what an important field this is to choose in which to specialize!

A nurse who has spent several weeks or months in special study and observation is of far greater value to the physician and the family than one who has not. The physician will trust her implicitly to fulfil his orders and feels that he has a most able assistant in combating these dread diseases. Then the distracted mother of a sick baby will bend every effort to secure the services of a nurse who has prepared herself especially for this particular line of work, having confidence in her ability and will be glad to coöperate with her in anything that she may suggest.

Knowledge will enable the nurse to prevent disease. Discrepancies in the methods of care and feeding of babies, poor and dirty milk, some of the proprietary foods and bad hygiene in clothing and general sanitation, are largely responsible for these summer troubles. A great

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many nursing mothers are eager for advice regarding a suitable diet to stimulate lactation. If we are capable of giving the necessary advice, then we can feel that we have accomplished something worth while. The artificially-fed babies are the ones who suffer.

The digestion is best observed by the character of the stools and if we know the cause of their abnormality in color and consistency (why green, or why curds are present, whether due to excess in fat or proteid, or why mucus predominates, etc.), then we are better qualified to remove the cause and in this way prevent acute indigestion which is a forerunner of disease.

Our first lesson to be learned is that each child is a law unto himself. Careful consideration must be given in choosing the food that will agree with him and keep him well. We must be ready to investigate the source of supply and the quality of milk produced, instructing mothers how to modify it intelligently, if necessary. The clothing of the baby should be regulated according to the temperature of the climate in which he lives. Fresh air is also a prime factor in keeping him well. The foregoing may be classed as preventive work. With the coöperation of the mothers, fathers and relatives, many babies will escape these diseases and be granted their God-given right to live.

It is of great value to a nurse to specialize. Her mental vision is enlarged and her powers of absorption are increased, no matter what phase of the work she has chosen. In the care of sick babies, she will be more keen to detect symptoms and capable to combat disease successfully. The temperature, pulse, respiration, general condition, expression, evacuations (their character and frequency), vomitus (character, frequency and quantity), irritations to mucous membrane and skin, all demand the closest attention. While medicines prescribed are given according to directions, the treatment given by the nurse is considered of just as great importance. The temperature may be controlled by sponging and the right kind of irrigations. The first measure usually prescribed is a dose of castor oil and abstinence from all food, to rid the system of the cause of poisonous absorption. Sterile water is given freely.

During the early stages, colonic irrigations are considered of great value if administered in the proper way. The baby is placed on a table with a pad under the buttocks to elevate the hips. The bag or can is suspended not more than three feet above the baby to give the requisite force to the water. An irrigation is a *gentle* washing out of the bowels, so to speak. The soft rubber catheter is oiled and inserted four or five inches and the water permitted to flow in for a few minutes, then the tube is disconnected, allowing the water to flow out.

This treatment is repeated until the water flows clear. The quantity of water given is from one to two pints. Normal salt solution is universally used because of its stimulating and cleansing action. If hemorrhage is present, then tannic acid, fluid extract of witch-hazel and other styptics are prescribed. The solution is usually given at body temperature. Cold irrigations might cause a shock to the nervous system and hot irrigations, unless the patient is in a state of collapse, produce exhaustion. I have seen an irrigation at a temperature of 110° F. given by a capable physician to a baby having a subnormal temperature of 94° rectal and the reaction was marvelous. Great care should be exercised in the insertion of the catheter, especially if tenesmus is pronounced. A hasty or rough insertion might irritate the already inflamed mucous membrane of the rectum.

Usually with diseases of this character we have excoriated buttocks to watch. Many are the treatments advocated, each having its own merits but the use of olive oil, zinc oxide and white vaseline with bismuth, seem to relieve the irritation more speedily than any other treatments I have used.

We also have to be on the alert to detect and treat the sore mouth which so frequently accompanies these diseases. Although we know that it is the result of inflammation in the stomach and bowels, great care should be exercised in extreme cleanliness of everything that is placed in the baby's mouth, and also in the manner of treatment.

Should a convulsion occur, which is not at all unlikely in the beginning of these troubles, we should be ready to meet this emergency with a cool head, a skillful hand and an attitude that will inspire the parents with confidence and hope.

The diet is of extreme importance. After the first twenty-four hours, either barley or rice water is given and continued until the mucous condition of the stools is improved. Mucus in the stool and vomitus is indicative of great irritation and inflammation, due to fermentation and poisonous absorption; and the suspension of food will alleviate these conditions and prove beneficial in combating disease. The cereal waters or thin gruels contain a small amount of nourishment but one must exercise good judgment in their use as edematous symptoms may be produced by their prolonged usage. I saw a baby this summer, nine months old, who had been kept on rice-water for seventy-two hours, and the result was an acute edema of the face, hands, legs and feet. Within forty-eight hours after discontinuing the rice-water, the edema had entirely disappeared. Following the cereal waters, the various modifications of skim-milk, peptonized milk, whey and other foods, prescribed by the different physicians, are continued

until the stools become normal. Pasteurization of the cow's milk is considered a safeguard in destroying the bacilli, which predispose the child to disease and relapse. I have had an opportunity to test the merits of protein milk, also known as Finkelstein and casein milk, in three cases this summer and believe that it is a God-send to the babies.

The first case was a baby seven weeks old, ill with cholera infantum. Evacuations were light green mucus, foul smelling and numbering eighteen to twenty-four per day. The temperature ranged from 101° to 103°. The body was emaciated, with depressed fontanelle, sunken eyes and distended abdomen. After being ill a week, he was started on protein milk and within thirty-six hours evacuations were normal. The baby gained a pound in ten days.

Another, a case of enterocolites, had been ill four months and during that time all food given passed through the child undigested. He was six months old, emaciated and exhausted. After a few days, the stools, which had been all colors and consistencies, foul smelling and mucous, became homogeneous, yellow, without mucus and odor, and this baby gained a pound and seven ounces in four weeks.

The third case was a baby four months' old, ill with enterocolites. She had been ill two weeks and could not digest any of the food given her. The stools were mucous. She improved rapidly, the stools becoming normal in a few days. She gained two pounds and four ounces in four weeks. These results speak for themselves.

Fresh air is very important during these diseases as well as during convalescence. Keeping the baby quiet and free from excitement are also beneficial in the work of recovery.

What a wonderful satisfaction it is to a nurse to have a part in battling for these little lives and to conquer! Great is the victory! Her anxiety and hard work earn their just compensation *which is not salary*. Specializing in the care of sick babies is of great value. Efficiency is a most valuable asset. With her knowledge of means and with skillful application of them, the efficient nurse is assured of good results which spell success.

THE LITTLE WHITE CITY ON THE HILL

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After weary waiting, threatened with starvation, Father Junipera Serra, with his handful of followers, just on the eve of giving up all hope of relief, went up on the hill and, far out at sea, discovered a sail,