

pulse, as it is a certain indication of the patient's condition. After the genital parts have been washed with antiseptic lotion, sterilised diapers should be placed over the vulva, the nurse having previously examined to see if there be any laceration or tears in vagina or perineum. After the patient is thoroughly cleansed, and the uterus contracted, a firm abdominal binder should be put on; all soiled bed-linen being removed. A hot drink is given to the patient; pulse and temperature recorded, and after she is warm and comfortable, all soiled articles may be removed from the room.

The placenta and membranes should then be examined to see if they are intact, and the nurse's attention may then be turned to the baby.

ANSWER IV., BY NO. 2.

A premature baby should not be exposed to sudden changes of temperature. At first it may be kept in a room at a temperature of 90 degrees Fah., the temperature being gradually brought down to 70 degrees Fah. In order to keep an even heat, the baby may be placed in a basket lined with blankets, bottles containing hot water being placed round the basket, care being taken to place the blankets between the child and the hot bottles; each bottle being refilled with hot water every twenty minutes.

The baby should be handled as little as possible; the diapers being changed without lifting the child. The baby should be rolled in cotton-wool, and to obviate the difficulty of changing the soiled diapers, the part of the cotton-wool covering the buttocks may be cut round, and as it is soiled a fresh piece may be slipped in.

The bathing and feeding of the child will depend on its prematurity. If several months premature, it should not be bathed for at least a month, but it should be gradually accustomed to the conditions and treatment of a normal baby. During the first month it should be rubbed daily with olive oil, and it may occasionally be rubbed with spirits. After the month, a bath may be given once or twice during the week, then every alternate day, till the child becomes stronger and is gradually accustomed to normal conditions.

Food: The first drink may consist of milk drawn from the mother's breasts, and a drop at a time put in the child's mouth; this may be done with a dropper, or pipette, every

quarter of an hour. This quantity is gradually increased till the baby is able to take half a teaspoonful every half-hour; as it gets stronger the quantity of nourishment given, and the interval between the feeds, is increased, till finally it becomes strong enough to be put to the breast.

If the baby were to be artificially fed, for the first 48 hours milk sugar solution, a drop at a time, would be given. Then humanised milk and sugar solution, diluted in the strength of one of humanised milk to three of the solution, the quantity given being gradually increased, and the interval between the feedings lengthened. If only cow's milk were obtainable, it could be given diluted with barley-water, rice-water, oatmeal-water, or plain water—one of cow's milk to three of water, sugar of milk being added. Failing cow's milk, Swiss milk—one of milk to twelve of water—could be given; or Allenbury food No. 1.

All of the above-mentioned foods must be given at regularly increasing intervals, and the quantity and strength of the food should be increased very gradually.

ANSWER IV. BY NO. 3.

The three main points to be considered: (1) Keep the child in an even temperature, as near as possible corresponding with that in which it existed before its birth; (2) Give nourishment in a suitable quantity, quality, and intervals of feeding; (3) Handle as little and as gently as possible, to prevent exhaustion.

When the child is born, carefully wipe the eyes with swabs of absorbent wool in boracic lotion. See that its mouth, nose, and trachea are cleared from mucus, and that it breathes properly. When the cord has finished pulsating, tie, and separate. If the child is fairly vigorous, very carefully and quickly bath it in warm water (100 degrees Fah.), and dry it with a well warmed towel before a fire, being careful to be well protected from draughts while doing so. Dress the cord in the usual way, and keep the dressing in place with a layer of cotton-wool, or a flannel binder.

If the child seems very weakly do not give it a bath, instead, have a supply of warm salad oil, and gently clean off all the vermiform caseosa.

Have the cot well lined, in such a way as will cause it to retain the heat. Flannelette cot sheets, and soft, light blankets. For