

A more important proposal still was accepted, and authorised to be carried out at the late Council Meeting, for it was decided that each year a certain sum should be placed at the disposal of the Benevolent Schemes Committee, to be expended in assisting Members who, from sickness, accident, or other adversity, might be in urgent need of pecuniary help. We cannot doubt that the £50 set apart for this purpose during the present year will be wisely distributed, and be productive of the greatest good in many deserving cases. We understand that at the Meeting in question Miss Wood read a letter she had recently received from a Nurse who had, by long illness, been reduced to great privation. And we presume that it is chiefly for the relief of such cases that the money voted by the Association will be utilised. The principle, at any rate, involved in the grant is, of course, identical with that which underlies the Pension Scheme—that Members who need help at all require a free gift—and it will be accepted as indisputable by all professional people.

We may point out the importance, however, of this scheme in another aspect. The second Bye-Law of the Association defined its objects to be three-fold. Firstly, to unite Nurses together—that has been successfully accomplished. Secondly, to provide for their Registration—this has been successfully organised and commenced. Thirdly, to associate them for their mutual help—and clearly this Benevolent Scheme marks the initiation of the development of this object also. Just as no Medical man is demeaned by the bestowal of a Pension from one or other of the great Benevolent Societies of his profession, so no Nurse in future can be considered to be in any degree pauperised by being elected as a Pensioner, or by receiving temporary assistance from the Benevolent Fund. She will feel that she is taking help which she sorely needs, from the great union of her fellow-workers, freely given by her profession at large, not grudgingly or of necessity by some private individual. So all feeling of humiliating charity is banished, and only gratitude for professional assistance, in the hour of need, will be felt.

We cannot doubt that this wise action on the part of the Association will vastly increase both its popularity and its usefulness. Hitherto the three thousand Nurses or so who have joined its ranks have had nothing to expect but the boon of Registration. And all honour must be to them for thus coming forward to assist in that great work. In days to come, when Nursing has gained what every other calling has gained when it demanded it—legal status and privileges, no small credit will be given to these first three thousand women by whom practically success will have been achieved.

But now that—thanks to their single-hearted devotion—Registration is an accomplished fact, many will ask, What advantages are to be gained in future by Membership of the Association? To such inquirers the Pensions given by the Association, and its Benevolent Scheme will probably be a considerable inducement. And we would venture to suggest that the Association should now take steps to make its work more widely known, and the great advantages which it offers to Nurses who join its ranks. We are well aware that it has hitherto refrained from publishing abroad its aims and objects, perhaps on the ground that while at first it was compelled in justice to accept uncertificated Nurses, it was not anxious to induce them to become Members. Its wisdom has been abundantly justified in the result that it is chiefly the very best Nurses who have sought its Membership. Now, and from henceforth, as our readers know, only well trained Nurses and Midwives are admissible. And we doubt not that a more wide-spread knowledge of the advantages it offers would rapidly increase the numbers and influence of the Association.

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER VI.—LACTATION (DUTIES DURING).

(Continued from page 184.)

BEFORE entering upon the duties required during lactation, we will take into consideration the various conditions under which breast management has to be undertaken and the principles that should guide us in this important matter. There are four leading points to be borne in mind with respect to our patients: (1) Those who do not intend to suckle the infant; (2) those who do; and in either case whether they are (3) primipara, or (4) multipara. Speaking generally, we have three kinds of remedies to resort to—topical, medicinal, and dietetic—and in the first-mentioned, four methods of applying them—rubbing, drawing, slinging and fomenting; and all these different ways and means must be adapted to the circumstances of each case, if we wish to get good results from them. Dogmatic teaching is of little avail here, for there is no part of obstetric nursing that requires the exercise of judgment and common-sense more than that upon which we have now entered, and I will endeavour to bring the matter as plainly before you as I can.

We will begin with the case of a primipara who

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