

taken the trouble to object, for we cannot imagine that any honourable man or woman would attempt to prevent a society of working women—which legally could claim to be exempted from adding the word "Limited" to its name—obtaining that trifling privilege. If the Board of Trade considers that the Nurses' Co-operation (a body ostensibly formed for the express purpose of dividing its entire receipts—less  $7\frac{1}{2}$  per cent.—amongst its members) fulfils the conditions laid down in the section of the Act—"that it is the intention of such Association to apply the profits, if any, or other income of the Association, in promoting its objects, and to prohibit the payment of any dividend to the members of the Association"—the Board doubtless will grant its licence. And while no one will object, such a proceeding on the part of the Board will cause no more amusement than its recent action in the case of the Royal British Nurses' Association, and the British Institute of Preventive Medicine, aroused astonishment.

#### NURSE FARMERS.

WE desire to draw the attention of our readers and of our contemporaries to the Regulations for the Probationers and Nurses of the Liverpool Training School—in connection with the Royal Infirmary. The second clause—which states that applicants "must be able to read written instructions, and to write legibly"—at once stamps the class of workers with which this great Provincial Institution is satisfied. The term of training given is *one* year, whereas the Manchester Royal Infirmary, and all the best training schools, now consider that *three* years is necessary. But, "in consideration of the training (!) she receives," each Probationer is bound to serve the Committee, in any capacity it pleases, for a further period of two years. She may, therefore, be sent out as a Private Nurse, and all her earnings go to the Committee, while she is paid £16 the first and £18 the second year. We are surprised at Liverpool being so far behind the times in Nursing matters, and that the people of that progressive city, when sick, should be satisfied with Nurses of such extremely limited experience, skill and knowledge as their Royal Infirmary apparently provides them with. But we do most strongly protest against, and trust that our contemporaries in Liverpool will object to, the proceedings of the managers of this Institution. It is perfectly manifest that they sweat their workers rather more than East End Polish tailors are sweated; for if the public pay thirty shillings a week for a Private Nurse, they clear a profit of four hundred per cent. from her toil, and a profit of six hundred per cent. if the more ordinary charge of two guineas a week is paid. After this, it is simply astounding that the Committee should state in the Regulations, that "*the object of the Institution*" is "*the encouragement of unselfish and disinterested exertions on the part of the Nurse.*" This is evidently, bitterly, true; but we should be greatly surprised to learn that the great body of honourable Liverpool merchants who support the Royal Infirmary approve of the manner in which this "object" is attained.

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## Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

### PART II.—INFANTILE.

#### CHAPTER VI.—GENERAL DUTIES.

(Continued from page 111.)

At their completion, this Course of Lectures will be published as one of the Series of "Nursing Record Text Books and Manuals."

**H**ITHERTO we have dwelt minutely upon the duties necessary for the care of the newly-born. We shall now enter upon those required at what we may call the mid-period in Obstetric Nursing, beginning on the fifteenth day after birth. Under happy conditions the most anxious and onerous part of our work is over; the lady is entering upon convalescence, and our baby has got over his early troubles; but there are duties devolving upon this latter period essential to good nursing, and having a very important influence upon the infant's *continued* well-doing and comfort.

There was one portion of your duty, as regards the infant, that I pointed out to you as *beginning* at birth—but, as I mean to emphasise, by no means *ending* there—the *care of the head*, or rather shall we not say the *brain*—the most sensitive and important organ in the infant system; for even at birth, brain injury or brain disease may exist. The head must be carefully handled, and as I have given you instructions on this matter in previous papers, I need not repeat them. The first consideration in brain (?) care is repose. There should be no hurried movement of the head; it should be taken up from, or laid down on, the pillow with the greatest gentleness. Let us see the reason for this. During intra-uterine life an enormous quantity of blood, in proportion to any other organ of the body, is sent to the brain, for its nutrition and development, and after birth the copious stream still flows on to meet the demands of that organ. The infant heart-beats are extremely rapid, and so is the cerebral circulation, and we all know how hot a baby's head is.

The brain is enclosed in a bony case, called the cranium, and in infants the cranial plates are extremely thin, and the cranial articulations still loose. In addition to this outer envelope the brain substance is contained in and protected by a serous sac, called the *dura mater*, and this again is lined by a soft, silky, secreting membrane, called the arachnoid, hence we see with

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