them to be; that there are some other and private accounts somewhere in the background which are not published at all in their Annual Report; and that the *net profits* of the Private Nursing Institution are placed, without one word of comment or explanation, amongst the *gross* receipts from all other sources. We have no hesitation in saying that this is utterly misleading to the subscribers who support the Hospital, and that we feel confident that they will not approve of being thus kept in the dark.

It may be urged that the Private Nursing Institution is a business, but to that we reply, that if the instincts of the Committee are so strong that they feel compelled to combine commerce with charity, they should, at least, do so in a businesslike manner, and publish their profit and loss accounts in full detail instead of keeping them hidden and concealed.

THE BATTLE OF THE NURSES.

TRULY the whirligig of time brings in his revenges, and, as several correspondents point out, we have a striking example of the adage before us now. For five years, Mr. HENRY C. BURDETT has been denouncing, in most unmeasured terms, the efforts of the Royal British Nurses' Association to bring about reform in the Nursing profession. Constant misrepresentation of their aims and objects and methods, incessant abuse of the members, have been employed. Now that, with quiet courage and patient persistence, the Association has brought the matter before the Supreme Court of judicial inquiry in the Kingdom, and has compelled its opponents to state plainly their reasons for their opposition, Mr. BURDETT seems preparing to "climb down," and before long we may even find him advocating the very system which he has so bitterly and virulently denounced. He is moving in that direction very satisfactorily, because we observe that he is issuing a description of the late inquiry before the Privy Council under the title of "The Battle of the Nurses"-an open confession that the movement is, as he has hitherto denied, and as we have always maintained, a struggle on the part of the Nurses themselves. The title is cribbed, without acknowledgement, from our contemporary the Pall Mall Gazette, but that will cause no astonishment. But its significance is very great as the most complete admission on the part of Mr. BURDETT, that he has all this time been fighting against the Nurses-against progress and reform, and on behalf of autocratic Bumbledom.

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Obstetric Mursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER VIII.—INFANTILE AILMENTS,

(Continued from page 911.)

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

NFANTILE BRONCHITIS is a frequent disease in very early infancy, for whether under breast-feeding or hand-feeding, death often results from it a few weeks after birth.

Unlike the other infantile ailments we have touched upon, it is due to *external* influences, such as a low atmospheric temperature, dampness, adrial impurities and *locality*, this point being of interest, as it involves not merely differences of latitude, but the difference between one side of the street to the other—in short, *climate*, and we all know what an important factor that is, in the production and cure of the disease, whether infantile or adult.

In order to give my Nursing readers an interest in the subject before us, let us briefly consider the disease itself. Our text-books tell us it is an inflammation of the bronchial tubes or air passages of the lungs. Now the outer air is brought to these tubes by an involuntary muscular act. commonly called breathing, but the inspired air does not enter at once into the lungs, but passes first through other and outer air passages. Let us just trace the course of an "inspired" aërial current. In the first instance, it impinges upon the mucous membrane lining the nose at its lower end, the nostrils, and thence up to the posterior nares. Physiologists tell us that the nose serves as a sort of stove to warm the air before it enters the more sensitive air tubes. But it does something more than this : by means of the cilia or fine hairs that grow from its inner surface, it strains out dust, soot or other irritating atmospheric particles that would otherwise find their way to the lungs. The next stage on the aërial journey is from the posterior nares behind the mouth to the larynx situated at the top of the trachea or wind-pipe, which it safeguards, in this wise. The larynx, which is somewhat hour-glass in shape, is contracted about the middle by a triangular chink, called the glottis, and this is protected by a heart-shaped piece of cartilage

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