

## CONCERNING QUACKS.

SOME little time ago the *Daily Chronicle* gave an account of a coroner's inquest on the death of a little blind child, who had been unfortunate enough to have received so-called "treatment" from a "Dr. Jahangier, Indian Oculist." We shall perhaps hear more about the latter at a future date, so there is no need to comment at present on a system that consists of what Dr. REILLY characterised as "very rough and rude treatment, what with the spittle, slate, tin and wire," for the eyeballs of a baby born blind.

Before the registration of medical men there was some excuse for the blunders made by sick people and their friends, in allowing quacks and charlatans to be effectual killers, where they were utterly incapable of being effectual curers. But to-day there is far less excuse, and it does not seem asking too much of coroner's juries that they shall educate ignorant mothers by censuring them, when they are guilty of the egregious folly of risking a baby's life and limb at the instance of an advertisement "handed to her in the street." Of course, we know that mistakes, and deplorable ones, have been sometimes made by duly qualified practitioners, and this only goes to show that the most stringent safeguards are not always superior to human fallibility. But what when there is no safeguard at all? The writer was once called in to a dying woman who had been doctored by a "wise woman"—for strangulated hernia; and the treatment had consisted in brandy and turpentine poultices externally, and infusion of nettles and wild garlic internally. She had been called in on the ground that the doctor was "too dear"—his visits from a town two or three miles distant being 2s. 6d., in consideration of the patient's circumstances. Alas! he was far cheaper, as the poor husband found to his cost. For the "wise woman" managed to use two bottles of brandy a day for three days, and charged a modest fee of 30s. for laying out the body "so as none of the family should come under the influence" of the dead woman's "evil star"! Not so long ago, in an out-of-the-world Lincolnshire village, a labouring man got rheumatic fever, and his wife became impatient at his slow progress, and consulted a "wise woman." The treatment was appallingly drastic—the patient was to be carried out "at midnight at the full of the moon, and laid in running water so as to clear him of poisoned air that was clinging to his skin"! After enduring his icy torture on the stony bed of the shallow brook till he could endure it no longer, the dying man cried out to be taken home, and it is needless to add that the treatment cured him for ever. We have to recognise that some of those who are practising sick-nursing have no more right, from any knowledge they possess, to exercise that calling, than the folk above-mentioned had to practice as doctors, and we look forward to the time when the *bona-fide* Nurse shall no longer be jumbled up in the unsorted mass of unqualified, untrained, and unregistered Midwives, Nurses, and "wise women."

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## Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

## PART II.—INFANTILE.

## CHAPTER VIII.—INFANTILE AILMENTS.

(Continued from page 65.)

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

GREAT care is needed during convalescence to keep the chest protected by a woollen bodice, especially if the attack takes place in the winter months, and also that the day and night rooms should be kept up to an even temperature of 60° Fahr. And, in my judgment, it is better to keep the infant in a warm, sunshiny, well-ventilated room for some months after the attack (if winter) than to hurry the going out; and to defer that unimportant matter to the infant until the temperature of the outer air approximates to the air of the room. For instance, we might have a bright April morning, with a cloudless sky, but a keen Polar or East wind that would be trying to the baby lungs, and we must remember wraps do *not* warm the air he breathes. The writer has oftentimes seen a disregard of these simple considerations result in another attack of bronchitis, and further weakening of the chest.

To prepare for the going out, as the spring advances, you must admit a current of fresh air through the room every fine morning—from between 10 a.m. to 12 p.m. being about the best period. Now, if you have two rooms for the infant, this is an easy matter, because you purify the day room before bringing baby into it, and *vice versa*. But if you have only one room for the infant—how then? You must ventilate all the same, and, whilst doing this, place the cot out of the draught from door and window, protect the head with the square, and close the cot curtains; if there are none, place a large knitted shawl all over the top of the cot, tent-fashion as it were, whilst you are airing the room. When this is done, close the door; but if the day is warm and *sunny*, leave the windows open for a time; this ventilation, in addition to a fire, will keep the room sweet if in the country, and all the fresher in towns.

With respect to feeding in infantile bronchitis, there is but little to be said if the infant be breast-fed, and the little difficulties in the way of sucking can be met in the way I have already mentioned. But it sometimes happens that anxiety over the child interferes with the mother's milk flow—it may

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