

THE acute difficulty which Guardians of the Poor are finding in obtaining trained nurses for workhouse infirmaries has prompted the Clerk of the Runcorn Union to send out a circular letter to various neighbouring Boards, recommending that the Local Government Board should be called upon to establish an institution for the training of the nurses required. This letter is being widely approved by many Boards of Guardians. There is no doubt that the Local Government Board will have to seriously consider this question in the near future. They have rightly issued regulations making trained nurses compulsory in the wards of workhouse infirmaries, they must now devise a plan by which these nurses can be obtained.

AN inquest was recently held upon a child which died suddenly at Queen Charlotte's Hospital, at which it was brought out by the nurse who had charge of the child, that she gave it to its mother in bed and left the ward. When she returned she found that the child was dead. She had warned the mother of the danger of going to sleep with the child in her arms. Medical evidence was given that the child's death was due to suffocation, caused by milk entering the windpipe, and a verdict of "Accidental death" was returned.

THE unexpected events which occur during the lying-in period are many, and there is every need for a nurse to be thoroughly qualified, in order that she may be able to deal with all the emergencies which may arise. Besides the contingencies which may occur in connection with the mother there are those to which the child is liable also. With a premature and delicate child unexpected collapse may at any time take place. Then also there is the possible danger, for some days after its birth, of hæmorrhage from the cord, and, even after this has separated of hæmorrhage from the navel, and the fact that this does not often occur, is simply due to the care exercised by the nurse.

THE most common cause of the death of an infant is, however, that of overlaying, and the number of children who annually meet their death in this way is appalling. No doubt a certain proportion of such deaths are premeditated by the mothers, and are actually murders: but setting these aside, a large number occur from inadvertence or carelessness. It is obvious that there must always be a certain element of danger in the fact of the sleeping of a tiny child with an adult, and where possible it is always advisable that an infant should have a separate cot. In poor houses, however, where the necessary temperature cannot be maintained, a child runs, we think, less risk from the danger of overlaying than it would do from exposure to cold, for warmth to a newly-born infant seems quite as essential as food.

BUT there is yet another danger which must be enumerated, that brought out at the inquest which we have chronicled above. The mother while feeding her child may fall asleep, and the child continuing to feed may be choked. There is also a danger of suffocation to the child, while feeding, if the mother is not careful to arrange that free access of air to the child's nostrils is possible, as its mouth being engaged in sucking, it is manifest that its only means of breathing is through the nose. With all these risks before her, therefore the nurse of a maternity ward needs to be all on the alert.

WE gather from the columns of letters which have appeared in *Asylum News* that the question of the long hours of asylum attendants is a very burning one. It would appear that from twelve to fourteen hours on duty is the usual working day of the asylum attendant, and, more especially taking into consideration the nature of an attendant's work, and its anxious and arduous character, we think that most people will agree that the time is far too long. The work of asylum attendants should be regulated so as to allow them time for recreation as well as time for study. Otherwise they can be but tired drudges, and their patients lose the benefit of the freshness and brightness which it is quite impossible they can maintain through such long hours, but which are essential to the well-being of the insane.

THE season has once more brought round a welcome invitation to the festivities at the London Homœopathic Hospital. There is "High Tea" in the wards on Christmas Eve, then there is the Tea and Entertainment for the Out-patient Children on Boxing Day; and, lastly, the Christmas Tree in Barton Ward on December 31st. So there are good times ahead for the patients in the Homœopathic, for everyone knows by this time that functions at this hospital are always a huge success.

Much concern is felt at the disappearance of Miss Florence Bell, a nurse who has recently been attached to the staff of Blenheim House, a Nursing Home in the Kew Road. Miss Bell was last heard of on Monday in last week, when, the patient she was nursing being convalescent, she obtained some hours off duty. She is known to have travelled from Kew Gardens Station to Portland Road, and to have visited the Sister in Charge of St. Elizabeth's Home in Mortimer Street, a home for chronic and incurable patients maintained by the All Saints Sisters. From there her movements have been traced as far as her return to Kew Gardens, but subsequently nothing is known of her. The only clue, so far, is that a cloak, which has been identified as belonging to the nurse has

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