

quite fully alive to the importance of the educational and theoretical side of training. She wants to nurse certainly, but she also demands to be taught how to nurse, and the hospital is not only a refuge for the sick, where sympathetic and well-intentioned women can wait on them, but a school of scientific nursing, and as such must give a guarantee of its quality, before it can attract well-educated women as pupil nurses.

American women *pass through* the hospital wards and departments as students, and students they remain until they are examined and graduated, when they are expected, in the majority of cases, to pass out of the nursing school, and practise nursing in private families, where their trained services command high remuneration. Thus there is nothing stagnant in the American Nursing School—it is an educational establishment first and foremost, with a constant stream of fresh blood circulating through its academic veins, in a natural and healthy way. Superintendents of Schools and the various heads of departments are the only stationary officers—as they are in other educational colleges—but even these officers change more often than they do at home.

The somewhat isolated method of work of private nurses in the States shows signs of being superseded by closer co-operation amongst those nurses working in the same town, and American nurses were greatly interested at the International Congress in the working of our London Co-operations, where well-trained nurses from a variety of schools are associated, and work as members of one institution.

In Boston and Washington, I believe, co-operation has already begun, and it would be much more economical and businesslike to extend this system, rather than to work on the isolation system as so many nurses now do in the States. Once we have State Registration on both sides of the Atlantic, private nurses' institutes for gain attached to training school hospitals will cease to exist. The supporters of this unjustifiable system will kick against the pricks no doubt for many a long day, but ultimately Nurses' Co-operations will absorb the work of nursing the sick in private families.

I gather from the American press that there are angelic and satanic persons, prosecuting private nursing in the States—in the opinion of the public anyway—just as there are at home; the happy medium, the comfortable commonplace woman, the average nurse, follows her routine of duty, and does her allotted task, arousing neither praise nor blame, much in the same manner as she does all the world over. Praise be to Allah! that she far out-numbers the "dear sweet saints" and "little devils."

E. G. F.

Notes on Practical Nursing.

THE FEEDING OF INFANTS.

We have received an interesting letter describing the diet of an infant in Russia. It is reasonable to suppose that the digestive possibilities of an infant are much the same all the world over, yet after learning what is included in the bill of fare of a Russian baby we are almost inclined to doubt it. The baby in question is about fifteen months old, and has not yet cut all her teeth, yet by medical direction she has had chicken quenelle twice a day since she was nine months old, and at the age of fourteen months was allowed to have chicken cutlet, and later veal cutlet; her daily diet also includes a boiled egg, bouillon, and a compôte of prunes, or stewed apples. The Russian nurse, however, believes that apples are constipating. No farinaceous food is given except a very little of the soft part of a roll, with butter, at eight a.m. The amount of milk given in the twenty-four hours amounts only from three to four and a-half ounces, with about an ounce of cream. This is, as a rule, diluted with water. When the Russian nurse has her breakfast the baby has her coffee also—that is milk with a little coffee in it, and at tea-time tea is given in the same way.

The baby's hours for food, by medical direction, are breakfast at eight, dinner at eleven, milk at two, and supper at five, and milk again before bed-time at 7.30.

The baby was originally fed by a wet nurse, who proved unsatisfactory, so diluted cow's milk was then given. The second nurse was an English woman, who, we regret to say, with the object of making the child hardy, took off all flannel clothing, with the result that the child developed inflammation of the lungs, and when at about six months old, she was getting convalescent, the nurse to some other children in the same family administered strawberry jam, which caused an attack of diarrhoea, so that a wet nurse was again employed, who fed the child irregularly and whose milk, on analysis, was found to be deficient in strength. Ultimately cow's milk was again given.

The baby has gone through many vicissitudes, and recently has had an attack of bronchitis. Fomentations were ordered. These are made of *linen*, wrung out in hot water, and covered with jaconet and cotton wool. It is difficult to believe that linen can retain the heat for a sufficient time to be of any value.

Russian rooms are, as a rule, kept very hot, and when there are a good many people in them the air becomes very vitiated. Russian ladies like to employ English nurses and governesses for their children, but the difficulty often is that they are

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