

any other British institution, and we have much pleasure in commending it to our readers all over the world, as an admirable basis upon which other Training Schools could found, and develop, a higher educational system for Nurses.

MRS. PROUDIE REDIVIVA.

It is reported that Dr. SAUMAREZ SMITH, the Bishop of Sydney, has written to a correspondent declining to join in welcoming three ladies of the Kilburn Sisterhood on their arrival in Sydney. He could not, he says, under present circumstances, give any official recognition to Sisters of an Anglican community in England coming into the diocese without either invitation or sanction from its Bishop. It is wonderful in these days that clergymen of the Church of England should be so ignorant of public opinion and religious tolerance as to assume such an attitude. To presume that ladies of whatever sect or creed, engaged in works of mercy, may not enter a "diocese" without episcopal "invitation or sanction," is merely to make not only themselves, but the Church they represent, supremely ridiculous in the eyes of all sensible people.

NURSES' UNIFORM.

Is there no other garment that can be devised, more suitable for bitterly cold weather, than the loose cloak so universally worn? For one thing they do not sufficiently protect the chest, and for another they do not give proper covering to the arms. A Nurse, of all women, ought to be very carefully clothed. She spends a great part of her time in a more or less warm room, breathing more or less vitiated air, and when she goes into the outer world, she is likely to be more susceptible to cold than women in other walks of life. We met two Nurses on Saturday last, and their large open-flying cloaks looked strangely inadequate in that biting east wind, both as regards material and shape. If flowing drapery is a necessary part of the appearance of a Nurse, and thick, warm winter jackets are *not* to be thought of, as too frivolous for the dignity of a uniform, why cannot a sort of long flowing loose jacket with a Watteau pleat down the back, and two half capes springing from it and reaching three-quarter length so as to completely hide the jacket sleeves, be adopted? The jacket would button all down the front and have sleeves, and the cape would give the flowing lines of the present garment. And why, oh why! must white muslin strings and bows be worn in winter? They are utterly Philistine from the artistic point of view, most of them, but from the economic they are dismal. "I assure you they were quite clean when I started," said a Nurse to us last week as she ruefully surveyed the ravages of smut and fog on the once snowy whiteness of her bows. And we could not help thinking that a great deal of unnecessary expense is entailed by this part of a Nurse's uniform.

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Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER VIII.—INFANTILE AILMENTS.

(Continued from page 1016, Vol. 9.)

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

THE rapidity of the circulatory system in infancy is the cause of its feebleness, and to maintain it takes all its vital strength. nothing has a more depressing influence upon the infant system than the action of cold, which it has no power to resist—truly, the most helpless of young mammals is our baby, for he has not even a soft furry coat to keep him warm!—he must trust to loving hands and wise heads to comfort and protect him. Let us, then, return to our subject—Infantile Bronchitis, and see if we cannot apply our knowledge towards lessening the risks of, and minimising the danger from, one of the most serious of infant diseases.

We may almost say that we begin life with a "cold," for it is the action of *cold*—the transition from a temperature of 90° to one of 70° or 60°—we owe the first inspiratory "act," commonly called crying; at birth, too, the trachea is often filled with fluid, and unless it were promptly drained out, numbers of infants would perish. During the process of washing and dressing, we may notice a little clear fluid running from the nose, and baby may indulge in a sneeze or two, but these little respiratory troubles soon disappear when he is laid warm in his cot. With ordinary care, a newly-born infant should *not* have bronchitis. How is it, then, that they do, and that, so severely, as to carry off hundreds of them annually, within a *few weeks* of their birth?

One factor in the production of the disease, we cannot *prevent*—*climate* (British); another that we cannot *foresee*—the frequent and sudden changes of *temperature*, whether in summer or winter, in our most variable of climates. Evidently, then, an Obstet-

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