

daughter was going to Paris for a month with a lady, and was willing to pay £2 to some one to take charge of them for that time." So little George, aged three months, and Margaret, aged sixteen months, were handed over to a woman who said *she* was "fond of children, but her husband simply doated on them." After the first payment of £2 more nothing was paid for the little things who up to that time had been decently dressed and well-treated. Then came neglect, and slow starvation on paps, that is, bread and water sweetened, and a pint of milk between the two. The neighbours said the babies were always crying, and were often left alone for hours together. Both children died of measles—so the certificate said—and, doubtless, they had measles very badly at the time they died. But the real cause of death was much more likely to have been hunger, misery, dirt, and inability to obtain that which little beings need most of all, the nestling in warm and tender arms, and the comforting by strong loving hearts. Is it an idle dream to dream that some day we shall have conscience enough on the part of the public to make this comparatively easy way of getting rid of babies impossible? Would it after all threaten injuriously the liberties of a free country if, when two babies were known by the neighbours to have arrived in a new place, as they did in the one above-mentioned, notice could be immediately sent to the sanitary authorities of such arrival? Of course, where more than one baby is taken for hire the law ordains now that the taker shall be registered, but so many of these systematically evade the law that it is timesome further steps were taken to strengthen the law and protect the little ones. Mr. Benn asked a question in the House of Commons on this subject a short time ago, and suggested a measure for the amendment of the Infant Life Protection Act, and for the registration and strict supervision of one, as well as of more than one, infant "put out" to nurse. He was answered courteously enough by the Home Secretary, but the time for dealing with this matter has not yet come to an already over-burdened Government. In the event of registration for one infant being insisted on by law, the philanthropic ladies, who place out the babies of unmarried mothers, will have a new duty and responsibility placed on them, and doubtless some of them will object. But it is to be hoped their objections will have no weight whatever with those responsible for an amendment of the law. For although the being able to dispose of the baby has made it easier to re-instate the mother in the employment by which she had previously earned her living, the wrong done to the true inwardness of motherhood by separating mother and infant has wrought infinitely greater harm than the individual relief has wrought good. Besides it has reduced the responsibility of fatherhood to a minimum, and that is disastrous both socially and morally. The greatest anxiety of a civilized community should be to work for the perfect solidarity of the nation through the perfect recognition of the individual; and inasmuch as the strength of a chain is in its weakest link, so is the strength of England to be reckoned to-day by the farmed-out unwanted baby, and her treatment of the question.

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Fevers and Fever Nursing.*

By FREDK. F. CAIGER, M.D.,

Medical Superintendent of the South-Western Fever Hospital.

PART II.

(Continued from page 292.)

IF the temperature does not fall within 48 hours of the appearance of the rash—or having fallen, should rise again—it almost invariably means that bronchitis or broncho-pneumonia has arisen, especially if it be attended with increased rapidity of breathing and a dusky appearance of the face and lips. A warm bath will sometimes be ordered if the rash is ill-developed or delayed, in which case, the child should be gently immersed in the bath at a temperature of 105°, and after being rapidly dried, should be laid in bed wrapped in a blanket.

Typhus fever is a disease which a Nurse is but rarely called upon to deal with now-a-days; but in view of the possibility, there are several points which should be referred to. If she has not previously suffered from the disease herself, the Nurse should be very careful not to run any unnecessary risk of becoming infected, owing to the high mortality which attends the attack in adult life. The freest ventilation of the room possible should be secured, even at the sacrifice of a few degrees of temperature, and she should avoid as much as possible taking the patient's breath, or inhaling more than is absolutely necessary, the vitiated air from under the bed clothes when attending him. Always keep to windward of the typhus patient when practicable. Headache is the most distressing symptom during the first week, and it is, therefore, well to always begin by cutting off the hair in order that the application of an evaporating lotion, or an ice cap, may be attended with its maximum effect. Feeding should be most persistently enforced, owing to its great necessity, and the fact that a typhus patient will sometimes most obstinately refuse his food. Owing to the long duration of high fever (usually a fortnight) and the tendency during the second week for the circulation to fail, he should be most zealously guarded against the tendency to a bed sore; and the signs of a rapid congestion of the lungs or pneumonia, evidenced by increased rapidity of respiration, duskiness of the face and lips, and lividity of the extremities, should

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