

In another column, our readers will find the attack, and the rejoinder to it, to which we have been alluding. If the opponents are well advised, they will now and henceforth maintain a discreet silence. It has been a long struggle of justice aided by wit, against wrong bolstered up by wealth. The latter have been conspicuously worsted, and the more they struggle now the worse will their failure and defeat become.

#### THE OXFORD MEETING.

WE understand that the Royal British Nurses' Association will hold its first Annual Meeting as a Chartered Corporation at Oxford, on Monday, July 24th, which is curiously appropriate, seeing that its first Annual Meeting as an unincorporated Association was held, just four years ago, in Cambridge. It is stated that Her Royal Highness Princess CHRISTIAN, the President of the Association, will be present on this occasion, and that much kindly hospitality has been offered to the members who may be able to attend. If the weather is only propitious, there seems, therefore, every prospect that the forthcoming meeting will be as great a success as its predecessors have been.

#### THE CHARTER DINNER.

THE Royal British Nurses' Association is acting with its usual wisdom in holding a public function to celebrate its incorporation by Royal Charter. It has had a long and arduous struggle in the face of the keenest opposition on the one hand, and of much intimidated inaction and lukewarm assistance on the other. Yet the truth and justice of its cause, and the evident necessity of the great reforms which it advocates have carried it triumphantly through to a far greater measure of success than its most sanguine workers could have anticipated only five short years ago. The public benefit of its work of Registration of Nurses—affording the public, in compact and easily obtained form, reliable information as to the precise hospital training and experience which Trained Nurses have undergone, is beyond all dispute, and will become more and more widely appreciated as time goes on. A recent and pitiable case has shown that certain Nursing Institutions, which make large profits by sending out ignorant women as thoroughly experienced Nurses, will not, or cannot, say what training their employées have received. And it is notorious that these Institutions have been the foremost opponents of the Association in its attempts to supply this most valuable information to the public. We are glad to observe that the Stewards of the Charter Dinner include so many of the leaders of the medical profession, and to learn that the celebration will be so largely and influentially attended.

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## Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

### PART II.—INFANTILE.

#### CHAPTER IX.—CONGENITAL MALFORMATIONS.

(Continued from page 244.)

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

**M**ALFORMATION of the Intestine.—The most frequent and simplest of these affects the rectum, and surgeons call it atresia ani, or imperforate anus, where the rectum ends in a blind pouch at its inferior part. This lesion is easily detected at birth by a Nurse when the infant is lying across her lap, face downwards, when taken from his bath, and it is as well to make a point of examining the anus on these occasions; but it frequently happens that the first wash is done under stress of duty or fatigue, and the matter escapes notice, until the absence of the usual discharge of meconium leads to further investigation. And here let me give a little word of warning to my young readers. Before giving purgatives to newly-born infants, examine the anus and do not dose in the dark! We will assume that it is the second day from birth, and no meconium has passed; we examine the anus and we observe its orifice closed by a dense membrane, and possibly a slight pouching due to pressure from above. You can meet this trouble temporarily in a safe and simple manner in this wise: Take the blunt end of a poultry feather or quill toothpick, assuring yourself that the ends are smooth and clean; lubricate with vaseline. Place a napkin under the buttocks, and lay the infant on his back; press gently and firmly on the obstruction in an upward direction, and the effect will be the liberation of the meconium. The writer has known this little plan to be quite effectual. In these cases I should advise a dose of castor oil to favour pressure on the rectum and secure the complete evacuation of the meconium. A pledget of lint, steeped in oil, should be applied to keep the orifice patent. Of course, a case of atresia ani must always be reported to the doctor, and you must state what you have done. I merely suggest this little plan to my sister-workers in midwifery to save time, which, in country cases, is very important. When the case is treated surgically, it is more severe as

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