

years' curriculum of education before certification. This, of course, is not surprising when one realises the "serfdom" of the German *frau* all over the "Fatherland." I wonder when it will also be worthy of the name of "Motherland? Do not, however, let me convey the impression that the Nurses I have met are not most devoted and excellent women. They possess mentally and physically every qualification for the best Nurses; it is, therefore, more to be regretted that the standard and term of training is so low."

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AMERICA has got a new Nursing Journal, entitled *The Nursing World*, a monthly Journal devoted to the theory and practice of modern Nursing, and edited by Dr. G. EDMUND BROWN of Providence. We are glad to observe that he has obtained the following well-known Nurses as collaborators: Miss N. G. L. Livingstone, Superintendent of the Montreal General Hospital Training School; Miss M. P. Parker, Superintendent, Salem Hospital Training School; Miss Frances E. Morley, Boston City Hospital, and Miss Sophia F. Palmer, Washington.

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The following comprehensive list of the contents of the first number will show the scope of the Journal:—

ORIGINAL ARTICLES:

Coeliotomy, with Special Mention of the Duties of the Nurse.

By J. Edmund Brown, M.D.

The Nurse and the Sick Child.

By J. Edmund Brown, M.D.

EDITORIALS:

Salutatory.

A Wise Move.

Why?

Concerning Consumption.

Care of the Umbilical Cord.

Mammary Abscess.

PROGRESS OF NURSING:

Rest as a Therapeutic Agent in Chronic Pulmonary Tuberculosis.

By Karl Von Rudk, Asheville, N. C.

Bathing in Cholera Infantum.

By Simon Baruch, M.D.

The Prevention of Scarlet Fever.

By E. P. Hershey, M.D.

Cleanliness in Surgery.

Rules for the Care of the Eyes.

Extinguishing Burning Clothing.

General Laws.

Care of the Sleeping Room.

Sponge is Best.

WORTH REPEATING:

A Farewell (poem).

True Dignity.

The First Five Years.

The Sensible Young Woman.

Trained Nurses.

Enlarge the Horizon.

FOR CONVALESCENTS.

HELPFUL HINTS.

HOSPITAL AND NURSING NEWS.

PUBLISHERS' DEPARTMENT.

GLOSSARY.

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This Journal is, as its name denotes, eminently practical, and we quote the following simple, yet instructive, editorial article:—

"Like many another apparently simple thing, there is a right and a wrong way of dressing and caring for the umbilical cord of the new-born infant. It used to be considered proper treatment to tie the cord with a piece of twine, never aseptic, wrap around the stump a greased rag, often dirty, and permit the vital cells to battle with the pathogenic germs for supremacy until the cord underwent putrefaction and dropped off, or the child succumbed to septicæmia. Happily, in a large percentage of cases, the vital cells were victorious in the contest, but occasionally the opposing forces prevailed. The cause of death was not apparent to the attending physician, but was attributed to malnutrition or debility—terms so vague when applied to early life that they have little scientific value. Thus it is that for ages this unsafe practice was perpetuated. Even now, in this enlightened land, where so much has been said and written about asepsis and antiseptic, there are hundreds of midwives who adhere to this antiquated method, and look upon the piece of scorched linen, smeared with mutton tallow, with a species of reverence akin to worship.

* * *

If the simple laws of asepsis be observed in this matter, all unfortunate results may be obviated. Surgeons' silk, braided, is probably the best material with which to ligate the umbilical cord. In the absence of this the Nurse should take three strands of clean, white, sewing cotton, about four feet long, twist them all well together and then double. This cord, when cut at the middle, will make two pieces about ten inches long each. A knot may be made in both ends of each piece. Whatever the material used, it should be strictly clean, and, an hour or more before the expected time of delivery, the ligatures should be placed in a solution of carbolic acid and water, 1 to 30, there to remain until needed. Before tying the cord care should be taken to strip or squeeze out with the thumb and finger, for the space of two or three inches, as much of the gelatinous substance as possible, pressing it from the child toward the placenta. The cord should then be ligated about two inches from the infant's abdomen, and cut beyond the ligature about one-third of an inch, with a clean pair of scissors. After the baby is washed, the stump of the cord should be carefully cleansed with some antiseptic solution (carbolic acid, creolin, lysol, etc.) used for disinfecting the genitals of the mother. A pledget of carbolated or borated absorbent cotton should be placed upon the child's abdomen just above the cord, the stump laid thereon, a generous quantity of absorbent cotton applied over all, and the flannel binder pinned on. The dressing should be changed daily, and if any tendency to putrefaction appears, as evidenced by moisture and foul odor, it may be counteracted by dusting on some antiseptic powder, preferably aristol. In five or six days the stump will assume a dark, dry, shriveled appearance and become detached. The navel should then be dusted with aristol and a small pledget of absorbent cotton finally applied. Complete healing will then follow.

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The *Nursing World* is got up in excellent style, good type, good paper, and carefully edited. The aims of the Journal are high, and recognise Nursing as a science; it is, therefore, worthy of all success, and we welcome its advent, and heartily wish it a prosperous future.

[previous page](#)

[next page](#)