

stagnation, not to say retrogression, inevitably follows. No, let ward sisters move on, and leave openings for their juniors. The congestion which now is so often observable will thereby be diminished, the fame of the training schools will be increased—if in new regions its quondam pupils worthily carry out its traditions. And the last suggestion we would make in connection with this subject is that reunions of all the pupils of a training school should be encouraged from time to time, at which to their mutual advantage they might compare notes as to the different customs which they have found desirable in the training schools of their adoption.

SHOULD NURSES BE TREATED AS PAUPERS?

THE Yarmouth Guardians have recently discussed their obligations to their nursing staff with regard to providing them with medical attendance, and, by eight votes to three, decided to decline to pay the bills presented to them for medical attendance by their nurses. The majority of the guardians held that in cases of ordinary illness, the nurses should pay their own medical attendants. Any expenses incurred for medical attendance, the necessity for which arose out of the performance of duty, they would defray. We must point out that nurses, out of the very small salaries which they usually receive from Boards of Guardians, are quite unable to meet bills for medical attendance, and we are of opinion the Guardians would do well to appoint a medical officer to the staff of their workhouse at a fixed salary. We quite appreciate their dislike to having bills presented to them for payment of accounts which they have not previously authorized to be incurred. In well organized institutions, the nurses, as a matter of course, report themselves, if they are not well, to the matron, and she communicates with the medical officer, who is deputed to attend to them. Our statement that nurses are, in many instances, unable to defray medical accounts receives curious confirmation from the discussion which arose out of the question to which we refer. One of the bills, for thirty-five shillings, came from an assistant nurse who only earned two shillings and sixpence a week! Mr. Clowes said that was a case that could be dealt with on its merits, but she should have been treated as a pauper. We can imagine the class of women who will apply for nursing appointments under this Board in future.

The Nursing of Maternity Cases.

By MARGARET BREAY,

Late Superintendent St. John's Maternity Home.

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BABIES.

IN nursing maternity cases, the obstetric nurse must be competent to take care of the child as well as the mother, and we have happily passed the days in which it was supposed that any intelligent woman knew naturally how to care for a baby, as we have got beyond the stage when it was supposed that women were "born" nurses. Without natural aptitude, no training will make a really good nurse for either adults or babies, but without training many a woman who has the aptitude, if rightly directed, will have no idea how to care for an infant; and I think that the experience of most Superintendents of Maternity Homes is that even trained nurses, not excepting those who have had considerable experience in children's hospitals, are hopelessly at sea if set to wash and dress an infant. For instance, they will turn and re-turn it quite needlessly in dressing it, and fail to support its head while doing so. They also will sit it straight up, and as for applying a binder, or putting on the child's clothes in any but the most amateur way they haven't a notion. How should they have, when they have never been taught, or had any opportunity of practising the right way, and the art of dressing a baby is one which is not acquired in one or two lessons, but needs much practice in order to become proficient?

The care of the infant begins as soon as the head makes its appearance. The obstetric nurse should support this as it appears, she should also feel if the cord, as not unfrequently happens, is round the neck, and if so should slip it up over the back of the head. As soon as the child is born, its mouth should be cleared of any mucus which it may contain, and it should be made to cry well. It may be necessary to administer a slap, but the child must be made to cry. If it is born asphyxiated, it may be necessary to perform artificial respiration. Rubbing brandy on the back of the tonsils also very often produces the required result, or, after the cord is severed, dipping the child into hot and cold water alternately. As soon as possible after the child is born the eyes must be bathed with boracic lotion. It is best to use absorbent wool for this purpose, and now, as always in

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