

Carlisle Infirmary is not unique in this respect. Personally, we are of opinion that unless the prayers said voice the desires of those assembled, the dissentients are better absent, and that the presence, by compulsion, for the sake of hospital discipline, of persons who mock at the petitions addressed to the Deity, savours of blasphemy. But the questions opened by the discussion of this subject are very numerous, and it is a debatable point whether it is wise to accept as probationers candidates whose religious convictions do not permit them to conform to the usages of the hospital. For instance—the ward sister is out for the evening, the staff nurse naturally takes her place and reads prayers, but a deadlock occurs if the nurse objects to prayers, and either the patients, many of whom, perhaps, desire them, have to go without prayers, or the services of a sister of another ward must be requisitioned. Again, if the protesting nurses are allowed to absent themselves from prayers, those who have no conscientious scruples will consider it a hardship that they should be required to attend prayers when perhaps they would rather go to bed, and so dissatisfaction is disseminated. It is, we believe, a legal fact that every English man and woman is a member of the English Church, unless he or she adopts, or is baptized into, some other faith, so that, on this principle, nurses may, perhaps, be legitimately required to attend Church of England services. It is, we believe, required of the "Soldiers of the Queen" that they should certify their religion upon joining a regiment, and all are required to attend the services of their respective denominations. It is related of one recruit, that, thinking to exempt himself from all attendance at religious services he entered himself as "no religion," but his commanding officer was more than a match for him, and caused to be entered in the book that Tommy Atkins should "provide himself with a religion before next Sunday." All soldiers are required, we believe, to assemble on their respective parade grounds, at church time on Sundays, and then to march off to their respective places of worship. There is a story at Aldershot of a sergeant who gave instructions to his men in this wise: "Church of England—stand fast! Fancy religions—right about face—quick march!" It remains for hospital authorities to evolve some felicitous solution of the difficulty of combining reverence with discipline.

## The Nursing of Maternity Cases.

By MARGARET BREAY,

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### TONGUE-TIE.

ONE word as to tongue-tied babies is necessary. In district work nurses are often asked by the mothers to operate upon tongue-tied babies, and not unfrequently they do so. But this, though apparently a simple operation, is one which they have no right to undertake. To begin with they might sever the sub-lingual artery, and deaths have been recorded from this cause; and further, not nearly so many children are so much tongue-tied as to need surgical interference as is commonly supposed. The case of a tongue-tied baby should, therefore, always be referred to a medical practitioner.

### MALFORMATIONS.

At the first bath of the child the nurse must specially observe it with a view to discovering any malformations which may so far have escaped notice. A hare lip or a spina bifida will be obvious at the time of birth, but a cleft palate, especially a cleft of the soft palate only, may pass unnoticed. Webbed fingers and toes are also found occasionally, as are also extra fingers and toes, or a deficient number. The anus may be imperforate, in which case an operation will be necessary; or there may be a congenital hernia. If a baby is born prematurely it may be necessary not to bath it daily for the first few weeks, and even to omit the first bath if it is exceptionally fragile, but if it is at all possible it is best to give at least one bath. A delicate baby should be wrapped in cotton wool, each limb being separately swathed in it. It may also, with advantage, be rubbed daily with cod-liver oil. It must be kept very warm, and if unable to suck it must be fed with a spoon; but it must be remembered that the stomach of a premature baby participates in its general delicacy, and that what the child assimilates—not what it takes—will afford nourishment to it, and that the stomach should not be overloaded, or too concentrated food given; indeed, the rational view is that the weaker the child, the more diluted its food should be. Such a child will naturally be under medical treatment, and it is probable that two minims of brandy every three hours may be ordered, and this doubtless helps to tide it over the first weeks of its precarious existence. To

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