

from the cord. This is easily done without waking the child or disturbing the binder. I know a lady who has suffered all her life from deficiency of mental power, and has been told by her mother that her doctor has always attributed it to the neglect of the nurse, who only discovered that hæmorrhage from the cord had been going on when the child had become blanched and almost bloodless.

Every persuasion should be used to induce the mother, if healthy, to nurse her infant. No artificial food has yet been devised that is a perfect substitute for the child's natural nourishment. It does not enter within the limits of this article to discuss the knotty question of artificial feeding in cases where the mother is unable to nurse or where it is not desirable that she should attempt to do so. It is sufficient to say here that if the child is to be brought up "by hand" no food should be given to it during the first twenty-four hours. If nourishment were required immediately after birth, we may be quite sure that Nature would not have arranged that the flow of milk should be delayed until the second or third day. If the mother is going to nurse the infant, it should be put to the breast three times during the first twenty-four hours. This benefits the mother by promoting uterine contraction, it draws out the nipples before the breasts become distended with milk, it stimulates the secretion of milk, and it gives the baby the benefit of the colostrum, which acts as a gentle aperient.

The nurse must remark if urine is passed, and without straining or pain; if the bowels are acting—"meconium" is the name given to the feces of the first two or three days. It is a tenacious, dark-coloured stool, which should be passed from four to six times daily. Instructions should never be omitted as to the washing of the diapers. No soda or washing-powder should be used, or the child's skin will suffer. The diapers must be changed as soon as they are soiled; any meconium adhering to the skin be removed with warm oil, not with soap and water; and the buttocks and thighs freshly anointed with vaseline.

(To be concluded.)

[We are indebted to Messrs. Allen and Hanburys, of 48, Wigmore Street, W., for the illustrations of the scales and drop bottle.]

A Generous Bequest.

The late Colonel Henry Coker Adams has left a legacy of £100 to Nurse M. E. Dust, of the Coventry and Warwickshire Hospital, Coventry. Colonel Coker Adams met with a severe accident in Coventry, and was removed to the hospital. Upon his leaving the institution, he gave £800 towards the provision of a fund for the building of a "Nurses' Home," and his subsequent kindly recognition of Nurse Dust shows that the services rendered to him at the hospital were greatly appreciated.

Justice for our Soldiers' Nurses.

The statement made by the *British Medical Journal* last week concerning the Home for the Military Nursing Service to be erected in connection with the new Military Hospital at Millbank has aroused considerable interest in the daily press. Amongst other things our contemporary says that serious fault must be found with the arrangement made for nurses and Sisters on duty or waiting to be sent out in an emergency, and that the bedrooms are too small, and are not properly ventilated. It is further stated that the Queen offered to give the War Office £2,000 out of her own private purse in order that more adequate plans might be adopted. Her Majesty's generous offer was, however, refused, and the nursing profession and the nation desire to know why.

No one, however, appears to wonder where, pending the erection of their Home, the Sisters and nurses live at the present time. As a matter of fact, they are housed at a distance of about a mile from the hospital, and have to trudge backwards and forwards to their quarters for every meal, be the weather what it may. It is, however, evident that the delay in building the very necessary Home has not been occasioned by any special consideration for securing the most desirable plans. The difficulty, no doubt, arises in part from the fact that the hospital was designed some years ago, previous, indeed, to the Boer War. With the increased activity as to medical and nursing matters, and the centralisation in London of Army medical education, the scope of the work of the hospital was greatly increased.

In regard to the Nurses' Home, the decision as to such matters rests with the civilian members of the War Office, assisted by the Army Hospitals' Committee and the Nursing Board of Queen Alexandra's Imperial Military Nursing Service. The chairman of the former is Sir E. Cooper Perry, Medical Superintendent of Guy's Hospital, the President of the latter Her Majesty the Queen. It appears that, notwithstanding the criticisms and objections of the Nursing Board, the War Office was ill-advised by the Army Hospitals Committee, and took its advice. Consequently in the Home, which is to serve as a model for other Homes connected with military hospitals, the bedrooms for the nurses are to be but 10 ft. square, with no fireplaces. A fireplace in a nurse's bedroom may not at first sight appear to be a necessity, but when the room is so small it is needed for purposes of ventilation, while a practical aspect of the question—which would not occur to the men forming the Hospitals' Committee, but which was at once pointed out by a Matron in connection with the subject is, how are nurses to air their clothes, or wash their heads, if they do not have a fire in their bedrooms once a week? But if the bedrooms are small, are

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