Appointments.

LADY SUPERINTENDENT.

Miss Isabel Lawrence has been appointed Lady Superintendent at the National Hospital, Queen Square, Bloomsbury. She was trained at the Crumpsall Infirmary, Manchester, and subsequently had charge of male and female wards at the Cancer Hospital, Brompton. On leaving there she was appointed Charge Nurse of the Bentinck Ward of the National Hospital for the Paralysed and Epileptic for one year. After a year of private nursing she returned to the National as Sister of the Chandler (female contributing) ward. In 1902 Miss Lawrence was appointed Lady Superintendent of the Meath Home of Comfort for Epileptics at Godalming. Her nursing career dates from February, 1889.

Miss Margaret Morgan has been appointed Lady Superintendent of the York Home for Nurses. She was trained at the London Hospital, where she held the position of Assistant Matron for five years, and subsequently was Matron of Addenbrooke's Hospital, Cambridge.

MATRONS.

Miss Edith P. Meikle has been appointed Matron of the Bethlem Royal Hospital, S.E. She was trained at the Radcliffe Infirmary, Oxford, and the Royal Hospital for Sick Children, Glasgow, at which latter institution she has held the position of Out-Patient Sister for the last three years.

Miss Sara Bridge has been appointed Nurse-Matron at the Isolation Hospital, Stafford. She was trained at the Staffordshire General Infirmary, where she held the position of Night Superintendent for five years. For the last two years she has held a similar position at the Blackburn and East Lancashire Infirmary.

SISTERS.

Miss Florence Yoxall has been appointed Sister in the children's wards at the General Infirmary, Macclesfield. She was trained at the North Staffordshire Infirmary, where she has also held the position of Sister.

HOUSEKEEPER.

Miss D. Shepperd has been appointed Housekeeper at the National Hospital, Queen Square, Bloomsbury. She was trained at St. Bartholomew's Hospital, and subsequently had experience in the Housekeeping Department of that institution.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

POSTINGS AND TRANSFERS AT HOME.—*Staff Nurse*: Miss M. Plaskitt, to Royal Herbert Hospital, Woolwich.

POSTINGS AND TRANSFERS ABROAD.—*Sisters*: Miss M. Kendall, to South Africa from Woolwich; Miss K. Pearse, to South Africa from Chatham.

Care of an Infant for the First Twenty-four Hours of Life.

By Miss AGNES M. SILVER.

(Concluded from page 334.)

We must now consider the most common of the Abnormal Conditions of the Infant.

Asphyxia is the term used when respiration is not present in sufficient force to maintain life. In new-born infants we frequently meet with two forms of asphyxia: (*a*) Blue Asphyxia, and (*b*) White Asphyxia. The causes for these need not be entered into here. Protracted labour, malpresentations, and other conditions of abnormal labour are sufficient explanations.

(*a*) In *Blue Asphyxia* (the first degree) the child is of a purplish, livid colour, and either makes no attempt at respiration or only at long intervals and inadequately. The heart is beating slowly but strongly. The cord is pulsating. The body is not limp.

(*b*) In *White Asphyxia* (the second degree) the lips may still be blue, otherwise the child is white and death-like in appearance. The heart is beating feebly. The cord is flabby and without pulsation. There may be a few slight, convulsive attempts at respiration, but they very soon cease. Prompt and skilful treatment is urgently called for. In every case the first thing to be done is to clear all mucus from the mouth and throat with a finger covered with a soft cloth. Then, with the milder cases, it will often be sufficient to slap the buttocks and thighs sharply and flap the chest with the end of a wet towel. Swinging the child in the air is often a good stimulus to respiration. Or place it in a hot bath of 105 deg., and then for a moment plunge it into a cold one and back again into the hot. (When there is white asphyxia the child must not be put into cold water. The shock would endanger the heart's action.) The cord must not be divided until it has ceased to pulsate.

With the severer forms of asphyxia these measures are inadequate. After the cord is divided, hold the child with its head downwards to cause mucus and liquor amnii to run out of the air passages. Place it in a hot bath of 105 deg., and at once resort to artificial respiration. This should be done, if possible, in the bath, as the loss of animal heat during exposure on the lap or bed is a great disadvantage. The first movement in artificial respiration should always be that of *expiration*, to expel any foreign substance from the air passages. The movements should be made from sixteen to twenty times a minute, not too forcibly. Cover the floor of a large bath with several folds of blanket. Lay the child on this on its side, roll it over on its face, at the same time compressing the ribs. This is for expiration. Then roll it on to its back, removing all pressure from the chest, at the same time raising the arm which is uppermost in order to draw the ribs