

sidered, and the following Matrons unanimously elected:—

Miss R. A. Cox-Davies, Matron, Royal Free Hospital, London.

Miss Constance Todd, Matron, St. James' Infirmary, Wandsworth.

Miss Frances S. Spittle, Matron, St. Pancras Infirmary, Highgate.

Miss Rosa E. Wallace, Matron, Southwark Infirmary, East Dulwich.

Miss Jackson, Matron, Royal Surrey County Hospital, Guildford.

Miss L. E. Jolley, Matron, Royal Southern Hospital, Liverpool.

Miss Grocott, Lady Superintendent, West Kent General Hospital, Maidstone.

Miss Nicholson, Lady Superintendent, Manchester Children's Hospital, Pendlebury.

The part to be taken by the Matrons' Council in the forthcoming Nursing Pageant was next discussed. The Chairman explained very fully the nature and scope of the Pageant, the Procession, and the place of the Matrons' Council in the same. It was further announced that the Matrons' Council would present a Petition on Nursing Education, and it was agreed that a limited number of Matrons should take part in the Procession.

The proceedings then terminated.

M. MOLLETT, *Hon. Secretary.*

### Nursing at the Lyceum Club.

The Dinner in connection with the Evolution of Trained Nursing, to take place at the Lyceum Club on Monday next, the 6th February, promises to be a most interesting occasion.

Mrs. Bedford Fenwick will preside, and amongst the guests of the Club are Surgeon-General G. J. H. Evatt, M.D., who knew Miss Florence Nightingale personally, and for whom she had such a deep respect that she wrote him a strong letter of sympathy during his candidature for Parliamentary honours at Woolwich so long ago as 1886; Dr. Goodall, the President of the Fever Nurses' Association. Miss H. L. Pearse and Mrs. Alec Tweedie. Miss Eleanor Barton, with Lady Beachcroft and others, are acting as hostesses, and Miss Cox-Davies will also attend. After the speeches, General Evatt, who is a most eloquent speaker, will eulogise the genius of Miss Nightingale. There will be music and recitations in the large Drawing Room.

This is the first function in connection with professional nursing which has been held at the Lyceum, and we are specially pleased to have it classed there with the higher ethical work of women.

### Our Prize Competition.

We have pleasure in awarding the 5s. Prize this week to Miss Elizabeth Barton, Plaistow Hospital, E., for her description of

"A BABY'S CRIES AND WHAT THEY INDICATE."

From a baby's cries much valuable information may be derived, and it is only by careful observation, and interest in a child on the part of the one in charge of it, that it is possible to distinguish the difference between the cries of hunger, pain, and temper.

*In hunger* a baby cries fretfully, and in most cases clenches its fists and works them about its mouth. Sometimes the cry is preceded by a series of grunts, and is accompanied by the turning of the head from side to side, and by certain movements of the mouth.

Should this fretful cry continue after the baby has been fed, such a cry would then indicate discomfort of some sort, *e.g.*, cold feet wet or soiled garments.

The clothing should be carefully examined for any *pin* that may have become misplaced (N.B.—Only safety pins should be used.—Ed.) and the groins and buttocks examined for soreness.

If, after the feeding, the cry becomes worse than before, indigestion is indicated.

*Pain.*—In lung disease the cry is short and stifled, for the crying hurts.

A cry that is short and husky, accompanied by a cough for a little time after, is suggestive of inflammation of the lungs, or air-passages; while, in pleurisy, the cry is short and sharp, for every effort at coughing or any movement of the body gives rise to sharp pain.

If, through pain in the chest, caused by bronchitis or cold, the cry is hoarse and wheezy.

A moaning cry suggests slight pain, while sharp paroxysms of crying indicate severe pain.

The position and movements of the baby must also be noted, for the child's posture and movements will often show where the pain is. In peritonitis or inflammation of the bowel the baby will lie on its back with its knees drawn up. The child will cry while the pain lasts; if the pain is spasmodic in its nature there will be periods of crying followed by intervals of complete rest.

Shrill screaming with every now and then a lull, followed by sobbing and writhing of the body, indicates flatulence (stomach-ache).

In headache or earache the hand will frequently go up to the head, and to the mouth if the teeth are giving pain: the cry will be

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