

London. There are only *twenty* general Nurses who have been trained for less than twelve months in various important Hospitals; and only *eleven* who have never worked in Hospitals at all, and most of these were engaged in Nursing before 1860, when training, of course, was practically unknown. More warmly than ever do we congratulate the Association. We felt that it was doing an act of bare justice not to close the door, at the commencement of so important a work, in the face of women who had received no special education, through no fault of their own, and who for many years had honourably and faithfully followed the calling. But we are greatly relieved to find that the Register contains so infinitesimal a proportion of persons of inferior qualifications. Therefore, in the past, Dr. Sansom's assertion is obviously untrue, and in the present and the future, it is obviously impossible that it should be accurate, because, for "obvious reasons," the Register has attracted, and can hereafter alone attract, only the best class of Nurses.

### OBSTETRIC NURSING.

— BY OBSTETRICA, M.R.B.N.A. —

#### PART II.—INFANTILE.

##### CHAPTER II.—DUTIES AT BIRTH.

(Continued from page 252.)

At their completion, this Course of Lectures will be published as one of the Series of "Nursing Record Text Books and Manuals."

IN comparatively recent days long petticoats made of fine calico were provided, to put on over the flannel; they were sleeveless, low in the neck, and fastened with narrow tape let into two runners, one for the neck and one for the waist. I believe this garment is almost disused, except perhaps in rural districts. I do not see the need of it myself, and only put it on in deference to maternal wishes, as I do the baby woollen socks we sometimes have to put on the tiny feet; they are not necessary, as we turn up the long flannel over them; furthermore they will one or both drop off—"it's a little way they have"—also they are apt to get wet and spoiled. There is another word I would say about baby socks, they should *always* be made of *white* wool; dyes are apt to be injurious to baby feet, more especially those of brilliant hue, the aniline reds and blues for instance. The

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last garment we shall have to put on is the gown; there are two kinds of them, the long frock or the night gown; it is to the first mentioned that I will first direct your attention. Time would fail me were I to describe to my readers, the woe, the misery, the suffering, nay, even death itself, that has been inflicted upon hapless infancy by that insensate garment! It consists of two parts, a body and a long skirt, the latter is made of fine cambric, the former of lace and insertion, it is *low* in the neck and *short* in the sleeves, which maternal folly will oftentimes insist upon having *tied up* with *coloured* ribbons. This objectionable robe or long frock, is of course put over the conventional long flannel I described to you in a recent number of our *Record* (No. 162) to which I must refer you; and I think my nursing readers will agree with the writer, that "the force of folly," can no further go, as regards the dressing of our newly-born. They can plainly see that the robe leaves the shoulders, neck, arms, axillæ and even the chest walls (these two last are *very* sensitive parts of the infantile frame) exposed to chill. A renowned French Physician years ago pointed out that lung inflammation might be brought on by this reckless exposure, and even asserted that the familiar "thrush" might be induced by it. I am perfectly aware that this garment we are now discussing has years ago been abandoned by the upper and more enlightened classes of the community, but I also know and regret that it is still very largely in favour with thousands of working men's wives, and as my pen is given to the welfare of infancy, class or caste has no place in its regard. I have steadfastly opposed the use of this baby garment during my whole period of work, especially amongst my humbler patients, and I believe with a fair measure of success. I earnestly advise all women engaged in extern Midwifery Nursing to carry on the crusade against this senseless garment, which will, I hope and believe, soon become obsolete as far as the newly-born are concerned.

We will decide then for the night gown, which is usually made of fine Indian longcloth, perfectly free from "dress," cut all in one, high in the neck, sometimes shaped out and fastened with buttons and loops; but on the whole I prefer a narrow tape, put in a runner to begin with, as we can adjust it better to the size of our baby, for we must ever bear in mind that newly-born babies are not all of a size; hence we require adjust-

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