limited; and then what is the object of giving a commission at all? There is no difficulty now in getting ladies to pay for three months' instruction in such novel and interesting work as Nursing. The difficulty is to find room for all who would fain be admitted. Advertisements in the local papers will produce plenty of applicants. Finally, the offer of a commission will certainly deter some excellent Nurses from applying for a post thus remunerated, because it is generally recognised that a Matron, to be successful, must be above any suspicion of fear or favour. The principle, in short, is bad for the Matron, worse for the Nurses, and worst of all for the Hospital.

OBSTETRIC NURSING.

— By Obstetrica, M.R.B.N.A. —

PART II.—INFANTILE.

Chapter III.—Duties after Birth.

(Continued from page 52.)

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

WHAT is ophthalmia? and why should the newly-born have it at all? Ophthalmia may be defined as an inflammation of the delicate vascular and sensitive mucous membrane that lines the eyelids. Amongst other causes it may be due to excessive light, to the burning heat of the tropics (combined with great dryness of the atmosphere), to the polluted air of unhealthy or overcrowded dwellings, or to contamination. The two last causes are most frequently the factors in the production of infantile ophthalmia. The former is one of the reasons for the outbreaks of ophthalmia in the Wards of Lying-in Hospitals or Workhouses. A professional friend of mine who was Nursing at the British Embassy at St. Petersburg (and in due time saw the sights of the city), told me that, in the immense Foundling Establishment there, the outbreaks of ophthalmia were terrible among the infants. There is a point about infantile ophthalmia that at first appears quite inexplicable. The infant is born under every possible advantage—pure air, pure food, exquisite cleanliness, and tenderest care; and yet, for all these blessings, the dreaded disease makes its appearance—*on the third day from birth*, the eyes show signs of weakness, and by the fifth ophthalmia is developed. Now, why is this? Because the eyes were contaminated by the vaginal discharges at *the time of birth*, and we are ignorant of the fact until it declares itself as disease, and this cause, and this only, is the origin of infantile ophthalmia. It may be intensely aggravated by polluted surroundings, by crass ignorance, or by culpable negligence, or by the baneful practice of Mothers and Nurses *tampering* with the disease on their own responsibility—substituting inexperience for science. I write the more earnestly on this matter, because the most unjust, not to say *cruel*, imputations have often been made against a Nurse by those who, ignorant (or professedly so) of the true cause of the evil, have *blamed her* for it. Not the slightest blame can be attributed to a Nurse for the *existence* of the disease, but no censure can be too severe for one who neglects to have the infant's eyes *promptly* and properly attended to, and she should report the case to the Doctor at once.

We will now turn our attention to the treatment of the eyes and the infant, for both will require extra care at our hands. With regard to the former, there are two methods to pursue, that we will call the preventive and the curative. Now, there is one blessed consolation about infantile ophthalmia—that it is one of the comparatively few diseases that science can *cure;* it is also one that no accoucheur can *prevent;* hence prophylactic measures have not the value that attaches to them in those other portions of Obstetric Nursing I have brought before your notice. We cannot stave off the foe, but we meet him "like the strong man armed." The dreaded danger of infantile ophthalmia is, as my Nursing readers know, possible loss of vision (complete or partial), and the surgeon has not only to cure the disease, but to save the sight. Now, why is this? Because we all know that the disease attacks the eyelids in the first instance. In order to show you the extreme importance of *vigilance* and care in ophthalmic catarrh, we will contrast it, by way of analogy, with catarrh of the respiratory mucous membrane. We "catch cold," and become aware of the fact by an acrid, watery discharge from the nasal mucous membrane; next, the trachea becomes tender and inflamed; then the disease spreads to the bronchial tubes—we get a secretion of glairy mucous and cough; in a few days the lymph may become purulent. Still the inflammation extends; the fine bronchial tubes, then one or both lungs are attacked; ultimately the air-cells are blocked by a thick, tenacious phlegm; respiration is impossible; the patient dies of pneumonia.

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