

appointed direct from the London; whereas every month the Nurses at other large Hospitals obtain preferment elsewhere. And the Committee is so blind to this fact that it makes itself the laughing-stock of all professional people—although it actually obtains the cheers of its equally ignorant supporters at the Quarterly Meetings—by stating proudly that some of its Nurses have been sent to Gibraltar and some to Hong-Kong. As if any Nurses who could get preferment in England would go to these abodes of bliss. But it is always Gibraltar and Hong-Kong these Nurses go to, and the reason is ludicrously simple—because the Governor of Gibraltar is a Member of the House Committee, and the Matron of the Hospital at Hong-Kong was until recently "Sister Currie" at the London Hospital. *Et voila tout!*

#### THE CAMPAIGN.

WE understand that the Petition of the Royal British Nurses' Association is now before the Privy Council, and we have been favoured with a copy of the draft Charter, the full text of which we place before our readers in another column. Two facts are manifest upon the face of this important document. It is sought for by some of the most eminent members of the medical profession, and by the Matrons of some of our most important London, Provincial, Scottish, and Irish Hospitals; and it merely seeks to secure legal incorporation for the Association. On these grounds alone, we imagine it would be difficult for the grant of the Charter to be opposed with success; and as we learn that the Mansion House meeting to-morrow is only the precursor of public meetings which will be held in every part of the Kingdom in support of the Association, and that many hundreds, if not thousands, of medical men are signing a petition to the Queen's Most Excellent Majesty in Council, praying that the Association may be incorporated, and cordially approving of its Registration work, we are forced to the conclusion that any opposition will be futile. We have the best grounds, on the other hand, for believing that very few Institutions will venture to publicly oppose this body of working women obtaining the simple legal privileges which they seek. In whatever light we regard this subject, it appears to us that the Association will be successful in its present quest. It is wisely not neglecting a single opportunity, and is gathering behind it an immense amount of public and professional support. If the few Hospitals who opposed it at the Board of Trade oppose it now, they will find themselves enormously outnumbered, and their failure to substantiate the statements which deceived the Board of Trade will not only effectually discredit any new arguments they may produce, but will inevitably, and perhaps irretrievably, damage them in the eyes of the public.

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## Obstetric Nursing.

— BY OBSÆTRICA, M.R.B.N.A. —

### PART II.—INFANTILE.

#### CHAPTER VI.—GENERAL DUTIES.

(Continued from page 191.)

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

ANOTHER infantile trouble, *chafing*, beginning soon after birth, and continuing for some time, might at first appear to be due to careless nursing, but this is not always the case; though undoubtedly neglect will greatly aggravate the evil, though it may not cause it. The usual positions for these excoriations of the skin are the creases of the neck, the axillæ, the groins, and the genitals, affecting the vulva or scrotum. In the three first-mentioned places neglect is more often than not the cause, from imperfect drying after washing. The genital tenderness may also be due to not changing the napkin sufficiently often, or the reprehensible practice of using the india-rubber pilches in lieu of flannel. And here I must impress upon mothers and Nurses the need of *carefulness* in the management of the infant's napkins in the matter of *washing*; no *washing powders* of any kind, nor *washing soda* should be used for them. When the *wet* napkins are removed they should *at once* be put into a pan of clean *cold* water, *soft* if you can get it, and then rinsed out of another water, wrung and hung out to dry, in the air if possible, and napkins so treated may be used for another change, if supplies run short; the *soiled* napkins should be sent to the wash, as soon as possible, never kept for more than a day or two; they should be washed with the best pale yellow or curd soap, *abundantly rinsed*, and as usual mangled; though, for my part, I consider they are better sent in *rough-dry*, and softened by a little hand-rubbing before applying, as being warmer and more comforting to the infant—this is, of course, merely a matter of opinion. The *rule absolute* is *good washing*.

There is a practice amongst some Nurses that I feel almost ashamed to mention, but as we know it exists, I cannot pass it over, that is drying the *wet* napkins *without rinsing* them, and putting them on again. Such crass negligence, or shall we say laziness, as this, is most deserving of

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