

profits for the Hospital, and then, when their health broke down under the strain, discharged—tossed aside like other worn-out things. But revolution is in the air, and medical men are loyally working to make a Nurse's life-work less fatal and more fair. But a few Hospital Committees who have been the most cruel taskmasters, who can show the highest profits and the largest number of lives wrung out of their women workers, are striving hard to prevent any reform. And we have no hesitation in saying that their conduct will meet with well-merited scorn and reprobation from end to end of England.

WRAPPED IN COBWEBS.

It is only natural that those who are comfortably enwrapped in the cobwebs of antiquity should strenuously object to the cleansing broom of progress and reform. St. Thomas's Hospital is an excellent example of the fact. Uprooted from the sloth of centuries by the arrival of railways at London Bridge, it migrated to a place where it was not needed, because a magnificent site was vacant opposite the Houses of Parliament, and plunged into enormous debt in order to erect a monument of useless ostentation, which, in consequence, has never yet been fully utilised. So the sick poor who are unable to obtain admittance to its empty Wards gaze upon this mirage of benevolence, and trudge to less imposing portals to find true Charity. St. Thomas's Hospital will not apply to the public for funds to enable it to do its full duty—doubtless because the public would then demand to know something of its financial and general management, which at present are sealed secrets except to a few. Nearly every other Hospital has made immense improvements, but St. Thomas's remains enwrapped in the cobwebs. We are glad to know that we have done something in the way of arousing it; but it objects very strongly to the process of motion. All in vain, however. Even St. Thomas's Hospital must move in these days. Its sacred cobwebs are out of date, and distinctly insanitary, and they must be cleaned away.

Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER VII.—SPECIAL DUTIES.

(Continued from page 333.)

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

THE initial duty in these cases is *careful* and *patient* delivery, for we all know that interference is never more unwise than when it aggravates an inevitable evil; the less done the better done, for unneces-

sary manipulation may lead to irretrievable mischief as regards the infant, notably to the eyes, or the setting up of inflammation of the tender and bruised surfaces, the mouth being especially tender.

As a matter of prudence, I think it is wise for Surgeons or Midwives to give warning of the state of affairs to the Nurse or the patient's friends (if any are present); firstly, because the labour is often tedious, and next because the appearances presented by the infant at birth are so unusual as to lead to natural alarm, and even to undeserved blame as regards the practitioner, the complication being laid at his or her door, if nothing is said about it beforehand. And certainly poor baby presents a most distressful sight when the head is expelled—the lips are congested, livid, and swollen out of all shape and form, the eyelids swollen and closed, the nose flattened, the cheeks, too, show signs of severe pressure. A Nurse must be very careful to avoid giving *any* audible expression to the thoughts that may fill her mind when she witnesses, for the first time perhaps, this singular arrival of her little patient. In careful hands all these birth troubles will be alleviated, and in a short time pass off altogether. There is a point of some interest in these spontaneous traumatic injuries that the infant appears to *suffer* very little from them, and there is even less crying afterwards than in normal birth.

The Nurse's first duty is the care of the face; it must be gently and thoroughly washed *at birth*, but *not again* for some days afterwards; wiped, or rather dabbed dry, with a *very* soft napkin, and powdered all over, eyelids included, with the fine starch powder I have told you of in a former paper, and in the *same way* as I have directed. The face must be guarded from the heat of the fire, or too much light, and a fine cambric handkerchief laid over it for a day or two will protect it from the air. The infant will have to be fed by the bottle, as the face is too tender to be applied to the breast at first. It is surprising how soon, with carefulness, the face begins to assume its natural appearance, though the eyes may be closed for some days, if there be much effusion of fluid about the eyelids.

There is one thing a Nurse must never omit—that is, to give the most earnest and hopeful assurances to the mother that baby will soon be all right, which is always the case when the child has sustained no injury from interference at the time of labour.

(To be continued.)

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