

employées are not eligible to be placed upon the Register.

It requires, therefore, but little foresight to see that Registration of Trained Nurses will before long be carried out by the State, and a most amusing *volte-face* is consequently being practised by the opponents of the system. Mr. HENRY C. BURDETT having supported some Hospital Committees in denouncing and opposing the publication of a list of Nurses by the Royal British Nurses' Association, is now struggling to induce them to publish a list of their own. The leaders of the Association—if they ever read the *Hospital*, which is unlikely, we admit—must have been immensely pleased and amused with a leading article which appeared last week in Mr. BURDETT'S paper, advocating the publication of an official Directory of Nurses. Last September, Mr. BURDETT announced that this same publication would appear in January of this year, but we understood Burdettisms too well to pay any attention to this statement. But the present position is very curious. If the Hospitals take the advice given them by the Royal British Nurses' Association, in 1889, and compile a list of Nurses in 1893, the credit which the Association will derive for having forced their hand cannot be minimised, while the opposition which these Hospitals have made to the very scheme they have been compelled to adopt will be productive of the greatest ridicule. On the other hand, we warn them to be very careful whither they are being led. The expense and labour and difficulty of the work is very evident, and we have very good reasons for saying that there are legal complications possible, which might prove very detrimental to Charitable Institutions.

NURSES WANTED!

THERE can be no doubt that London is in the midst of a very serious outbreak of scarlet fever and small-pox, and that the zymotic wave will probably increase in severity and extent until the end of November, when it may be expected to diminish. Furthermore, it is clear that the invasion has found us, as usual, in a state of great unreadiness, and that especially there is a great want of skilled nursing assistance for the victims of the epidemic. The Hospitals are all overcrowded, and the ordinary nursing staff must be too small to cope with the extra rush of work. Will not some of our readers who are disengaged, at present, help in this emergency? Application for appointments can be made to the Clerk of the Metropolitan Asylums Board, Norfolk House, Norfolk Street, Strand, W.C.

Cocoa "Gruel."—Many cocoas now sold are so adulterated with farinaceous starchy matter, that they disagree with many; causing eructation, "fullness," and consequent indigestion. To such as have found this the case, **De Jong's Cocoa** is strongly recommended as most easily digested and ten times more nutritious. For samples—14, St. Mary Axe, E.C.

Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

PART II.—INFANTILE.

CHAPTER VII.—SPECIAL DUTIES.

(Continued from page 544.)

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

PROLAPSE OF THE UMBILICAL CORD.

THIS singular accident frequently occurs at term and before the advent of labour, and hence it is more often than not brought under the observation of the Nurse in the first instance, hence it is as well that she should know something about it, in order that she may be able to calm the fears of the patient, and prevent unwise delay in sending for the Medical attendant.

Obstetric writers attribute the prolapse to pelvic defects, and practical Midwifery confirms this opinion; as regards the Maternal safety, this slipping of the funis is a matter of little moment, but the life of the infant is most *seriously* endangered by it, and I must ask my Nursing readers to give what I have to say to them their earnest attention.

The complication occurs under three different conditions: (1.) Head presentations; (2.) Transverse positions; (3.) Footlings. The danger to infant life is greatest in the *first* and least in the *third* mentioned, but in all three instances the peril arises from cord compression, and in the vast majority of cases this is intensified by conjugate contraction. The protrusion of a *loop of cord* from the vagina marks the rupture of the foetal sac, and, singular to say, there is often an entire absence of labour pains, especially under the second and third conditions.

Assuming that the lady complains to you of this unusual occurrence, you at once get her to lie on the bed, in order that you may see for yourself, and you find a long loop of the cord depending from the vagina, and, as a rule, it is *longer* in head than in other presentations—a fact you must bear in mind, as it marks *greater* danger to the infant's life and must guide you in what you have to do. What next must you observe? Whether or not the cord *pulsates*. If so, the child is living, and *no*

Loefflund's Hordeum Compounds.—C. Pepsine (in *dyspepsia*), c. Iron (in *chlorosis, anæmia, jaundice*, pleasant and digestible for ladies and children), c. Quinine (an excellent tonic in *neuralgia, nervous headache, and debility*) c. Lime—hypophosphit (in *rickets, scrofulosis*, very digestible). 3s. 6d. Sold by Chemists, and Loefflund, 14, St. Mary Axe, E.C.

[previous page](#)

[next page](#)