

things governed this "mothers'" faith in us—and "mothers'" knowledge that artificial feeding was both difficult and expensive. Early suckling and frequent supervision during suckling wherever difficulties presented.

Complementary feeding should always represent, what it should be, a temporary measure whilst breast-feeding is being adjusted or readjusted.

From the University College Hospital Breast-Feeding Clinic comes an ingenious practice of doing the complementary feed through a catheter introduced into the infant's mouth with the nipple. A No. 2 or 3 rubber catheter is attached to a glass tube which passes through a rubber cork at the teat end of an ordinary boat-shaped feeding bottle, which is encased in a flannel cover and pinned to the mother's dress on the opposite shoulder to the side of suckling. The infant is weighed and put to the breast and allowed to suck until the breast is emptied or for as long as he will do so peacefully; as soon as he begins to refuse, the catheter is pushed gently into his mouth, care being taken to make sure that it passes between his gums with the nipple. The infant does not seem to be aware of the presence of the catheter and sucks vigorously as soon as milk flows into his mouth; the rate of flow is controlled by the valve at the top end of the bottle and by the pressure of the mother's fingers on the catheter. The infant is weighed at the end of the feed and the amount of breast milk taken in addition to the complementary feed can be calculated. The breast should be finally emptied by manual expression and the expressed milk set aside for the next complementary feed. In practice it was found to be a simple procedure and easily carried out at home. It ensures the stimulation at the nipple throughout feeding. It is certainly of great interest. Ante-and post-natal exercises are certainly of the greatest value in lactation, and with the lengthened training of pupil-midwives, post-graduate course and extension of ante-and post-natal clinics, these exercises will easily become an everyday affair with pregnant and nursing mothers.

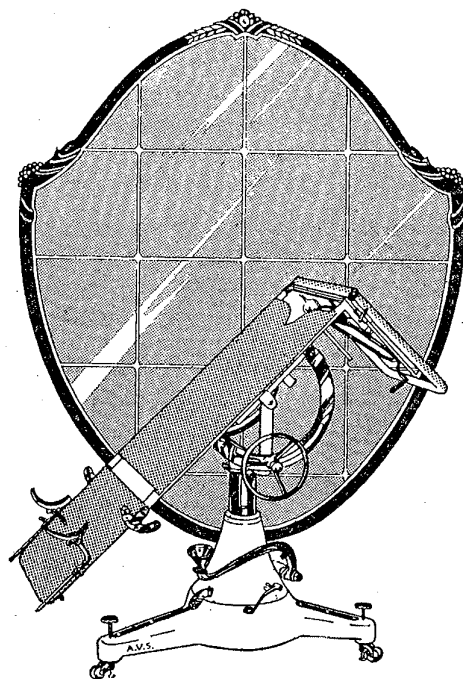
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STUDENT NURSES' ASSOCIATION SECTION

Reports and Articles for this Section will be welcomed by the Hony. Organising Secretary, Miss Atkinson, Hebron School, Coonoor.

CASE STUDY

By A STUDENT NURSE

Medical College Hospital, Vellore

Patient's Name—Kannan. Age—9 Years. Sex—Male.

Nationality—Indian.

Occupation—Mother, Servant. He is working in tobacco shop.

Diagnosis—Closed Tuberculosis.

Chief complaint and Duration: Cough with rusty sputum for 6 months and spitting of blood for 3 days.

Other outstanding symptoms: Diarrhoea, passing round worms, sore mouth, abdominal pain when coughing, fever.

POSSIBLE CAUSES OF SYMPTOMS (AS INTERPRETED BY STUDENT NURSE.)

(1) When working in tobacco shops the powder of it might have caused irritation to respiratory tract and resulted in cough, and continuous cough might have caused bleeding.

(2) Due to unhygienic condition, lack of good ventilation, fresh air, good nourishment.

(3) Due to infection from his father who died of cough and fever. Sore mouth, diarrhoea, together indicates attack of dysentery. Fever shows the body is fighting against the infection. Abdominal pain due to cough, felt when abdominal muscles are strained upon.

(4) Due to overwork, that means he did not get sufficient time to take rest and did not have sufficient food to eat as well as fresh air, etc.

Important facts in family, social or occupational history, influencing the development of this disease: He is a poor village boy. His diet was very poor; his house very small. He did not have enough time to go out into the sunlight, so being nearly all the time in the darkness might be the cause for the development of the disease producing organisms. His father had cough too, so this boy too might have contracted the disease through the direct contact with his father.

Consider patient's mental attitude, personality, financial or family worries, health habits, previous illnesses or operations, etc. He has a healthy personality, always happy and cheerful. Though his parents are suffering from financial troubles, he makes them happy by being cheerful. Because of poverty, he could not get clothes, so he used to wear the same old dirty clothes all the time which is very insanitary. He did not know that he must bathe daily. He did not take proper rest. The state of his surroundings was very unsatisfactory.

PHYSICAL FINDINGS AND THEIR SIGNIFICANCE.

Throat—Tonsils big and dirty due to absorption of toxins.

Eyes—Clean, normal.

All cervical glands palpable on both sides.

Heart—Borders not out. Both sounds well heard, normal.

Lung—Dullness on percussion in the left scapular region, and right base—affected vesicular breathing. Rales heard in the left scapular region and right base of the lung. Vesicular breathing and rales heard in the left scapular region and right base—shows that the left scapular region and right base of the lung. Air is not freely entering and coming out and parts of these tissues have become solid.

Abdomen—Liver and spleen not enlarged. Normal.

Nervous System. Nothing special.

LAB. FINDINGS AND SIGNIFICANCE.

Faeces. Negative for ova. No. T. B. bacilli found.

No worms in the intestines.

Blood. H. B. 68% Sabh-Moderate but not quite satisfactory.

R.B.C. 38,48,000 per c.m. below normal degree of anaemia.

C.I. 9. *W.B.C.* 1,28,000 per c.m. above normal, some infection in the body, and by this we see that the white blood cells are fighting against the infection.

Polymorphs. 56% below normal. (65—75% normal), low resistance to bacteria.

Lymphocytes. 30% a little above normal, (20—25% normal) to deal with chronic infection.

Eosinophiles. 2½% normal (2-4). Blood examination indicates chronic infection without very good resistance and some disorder in the respiratory tract such as asthma.

Sedimentation rate: The reading 39 first hour, 2nd hr. 57 high, indicates tuberculosis or other infection, less resisting power.

Sputum No. T.B. Numerous red cells found due to the blood coughed up.

Op. Procedures and pathological findings (if any)

Operation: Nil.

Doctor's order for patient:

Alk. mixt. 2 dr. T.I.D. C.L.O. ½ dr. B.D.

Calc. Lactate 15 grains T.I.D. Cal. chloride 20% 3.c.c. intravenous.

Morph, Sulph, Gr. 1/12 gr. and Atrophine sulph. Gr. 1/300, stat.

Cal. gluconate 10 c.c. I.M. Syr. Codiene phosphate ½ dr. B.D.

If cough is severe p.r.n. Sod. Bromide Grs. 15—4 hourly p.r.n.

Sterile vaseline ½ dr. by mouth once and rept. p.r.n.

Cal. Gluc. 5% 5 c.c. I.M.

Haemostatic serum. Cascara sagr ½ dr. with liq. paraffin 3 dr.

t.i.d, in day and b.d. at night. Seidlitz ¾ powder.

Gly. co. 3 dr. daily. Seidlitz again.

Sputum for T.B. Fresh stools, bed pt. ice to suck. Enema, clean nose and apply argyrol drops b.d. Enema again, raise head of bed. Faeces for T.B. Enema daily, Sedimentation rate. X-Ray of chest. Full blood examination.

Diet. Wheat rice b.d. Fruits, vegetable soup, wheat conjee once. Iced drinks in small quantities; drinks in small amounts, one ounce at a time. Milk or fruit juice, glucose—albumen water,

SAFEGUARD THE EXPECTANT MOTHER

HORLICKS as an addition to the diet of the expectant mother —

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HORLICKS is pure fresh cow's milk modified with the nutritive extracts of malted barley and wheat.

Benger's food, wheat congee, B.D. Vegetable soup once, egg once, thickened congee. Bruised vegetables.

PURPOSE OF MEDICATION, TREATMENT, DIET, ETC.

C.L. oil: As his diet at home was very poor, he did not have sufficient vitamins, so to give vitamin D. and A. CLO given. *Cal. lact. Cal. Gluconate, Cal. chloride* are given to check bleeding from his lungs.

Morphine and Atrophine. Just to quieten him, as he was very restless, it will depress the various cerebral centres. *Ster. Vaseline* to lubricate the mucous membrane. *Sod. Bromide* as a sleeping dose.

Haemostatic Serum to arrest the haemorrhage *Ext. Casc. and Liq. Paraffin*,—Mild purgatives as well as lubricant since he had no motion. *Seidlitz and Pulv. Gly. Co.* as he had no response to Extract Cascara and Liq. Paraffin.

Treatment. Ice to suck to arrest bleeding: acts on capillaries. Raise the head of bed—to help him to breathe easily as well as to make the cough easier.

Diet At first Drs. tried giving him nourishing solid foods but as his digestive system was not working properly nourishing fluids were given frequently in small quantities.

What nursing service will be most beneficial to the pt. How and Why? We can keep the patient and the room quiet. Apply ice bag to chest. When he has haemoptysis we must try our best not to waken him when he is sleeping for any treatment or drink but just keep a drink ready by the bedside when he wakes. We can give good ventilation by opening all the windows, but the patient's relations object, thinking there is harm in opening, but he must have fresh air but we can prevent a draught and protect the heart and lungs by use of baby blanket etc. We can use tight abd. binder to relieve pain while coughing. We can give daily cleansing bath and while doing so, talk to him about his worries and comfort or encourage him by telling him stories, and teaching him to pray to God.

What (if any) sanitary and hygienic methods will contribute to the prevention of this disease? If he follows the following statement there may be prevention of this disease to some extent.

1. Stop working in tobacco shops.
2. He should try to live in good ventilated house and get nourishing food.
3. He must take proper rest and follow all the hygienic rules.
4. He must practise getting his bowels to act regularly.
5. Get out into sunlight and let it into the house.

Full account of disease with reference given to sources from which information was received. For one year he has dry cough and rusty sputum and he had brown constipated motions irregularly. After that, he had diarrhoea motion for 3 days. Then he began to have haemoptysis for 3 days.

When he was admitted he was spitting blood when he coughed and he had difficulty in voiding and was having frequent diarrhoea motions. Now he is better. He had fomentation to eye followed by Ichthyol ointment as to relieve pain and he had sty in the right

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eye and the nose. When he came he was a strict bed patient and now he is a walking patient. Under this treatment he got better.

Sources. Patient's Medical History Sheet. Doctor. Class Notes and Text-Book.

BUSHNAM LAZARUS,
2nd Year Nurse,
VELLORE UNIT.

Extracts from a talk given by Miss S. Joseph to the T.N.A.I. and S.N.A. Unit members of her Training School soon after her return from a year in England.

(Miss Joseph is a trainee of The Medical College Hospital, Vellore, and a member of T.N.A.I.)

I had the great privilege, last year, of going to England for a year for various kinds of training. It came about almost unexpectedly while I was working in a rural dispensary in Alwaye. Miss Chapman, the nurse in charge of the dispensary, was due for furlough in March, so she suggested to my father to send me with her. My father had wanted to send me for some time, but the way opened rather suddenly, and in three weeks time all preparations were made for my departure and I sailed from Cochin on 3rd March. To tell you the truth I felt very unwilling to go, as apart from a short period when I acted as junior staff nurse in my training school I had had little experience and I was afraid that I would act foolishly if I stepped out upon such a new and wide adventure in a strange land. Now as I look back I can truly say that God has wonderfully sufficed for all my needs.

I had a good voyage during the first week of my journey. We had most glorious weather in the Indian Ocean and I thought I would never want to leave the boat. Time does not allow me to describe all about the ship. We had every comfort and luxury. Apart from our own cabins, we had music rooms, decks for playing, large and beautiful dining rooms and common rooms, all at our disposal. I was sea-sick after the first week. It is a horrible feeling. I thought at that time I would never feel well again, but that passed in two days.

It began to get cold in the Mediterranean because we had very cold winds, and by the time we reached the Bay of Biscay it was bitterly cold. Such cold I had never experienced before. The more woollen things I put on, the more I seemed to feel that I had nothing on. I found that the only way to get warm was to run about on the deck.

On 25th March I landed in London. Friends met me at the docks. It was funny to see only white faces everywhere. My first impression about England, or rather about London, was not encouraging. It was wet, cold and foggy. The Liverpool St. station looked black with smoke, and cold and uninviting. Anyhow, after saying goodbye to Miss Chapman who was with me during the voyage, I went with new friends. For the first week I was moving from place to place, always meeting new people and new surroundings. I soon learned to find my way about London though I made a