

important when this disease occurs among children in the age group from two to six years, thus coinciding with a period when the sex impulses are normally heightened. During these years it is particularly desirable to avoid unnecessarily focusing the attention of the child upon the genital region. With vaginitis present a certain amount of attention can hardly be avoided, not only because essential treatments must be done, but because of the irritation caused by the infection itself. The sooner, however, this extra attention is discontinued the more normal the child's reactions will be. From this standpoint, there might be some advantage in the hypodermic method of treatment over the use of suppositories, but the pain caused by that method and the natural distaste of the mother for it, probably outweigh any advantages that it might otherwise have. The suppositories are so easily used that generally little notice is given by the child to their insertion. It is important that all of the special care should be given with as much calmness of manner, as well as manual skill, as is possible in order that excitement over the procedure and undue concentration upon it may be reduced to a minimum. An understanding and tactful nurse can do a great deal through her contact with the family, to ensure a more wholesome environment for the child, thus lessening the chance of later psychiatric difficulties arising from this experience.

Although the actual nursing care of a child who is being treated for gonorrheal vaginitis with estrin makes no heavy demands upon the nurse, it is most interesting, and brings her a sense of satisfaction, because the results are so encouraging for the child, for the parents, and for the social welfare of the community.

—From the *American Journal of Nursing*.

BLOOD MATCHING FOR TRANSFUSION

By ANNAMMAL PARKER,

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As soon as a patient is admitted with hæmoglobin below 40% Sahli, a blood transfusion is advised. We ask the patient's relative to bring husband, parents, brothers and sisters. These people are likely to be suitable being close blood relatives of the patient. If these relatives are not suitable donors, we advise them to bring either their own servants or others who are willing, distant relatives and friends for matching.

If a poor patient comes to the hospital, if she cannot find a donor, we will send for Municipality sweepers, and other coolies, sometimes porters from the station. When we test them, we give them two annas for testing them. If they are suitable, and if they give blood, we pay them Rs. 5 after the transfusion. If the parent's relative can afford to pay we get the money from them and pay the donors.

When we get the people for matching, we get everything ready on the table. That is we write all the names of the people in small chits, small tubes of two kinds, one for corpuscles and one for serum; blood matching solution, needle, pipettes. We keep sterile tubes for the patient's blood. We get in the donors one by one and take their blood and number it. For corpuscles we take blood red cell pipette and dilute 1 in 100 with the following fluid:—

Sodium chloride (pure)	...	...	0.85 gramme
Sodium citrate	...	...	1 "
Distilled water	...	...	100 c.c.

We prick the finger and take the blood matching 1:20 dilution, and about 1 c.c. of blood from the vein into another tube. We let it stand until the serum has separated well. If we wanted to do it urgently we can centrifuge the blood to separate the serum quickly. When the serum is ready we begin to match the blood.

To match we take first the serum of the recipient with a pipette and put it on a slide. We add to it the equal quantity of corpuscles solution of the donor. Secondly we mix equal quantity of the donor's serum and the recipient's corpuscles solution on another slide, and leave both the slides side by side for 20 to 30 minutes. Under the microscope we examine the slides to see if the corpuscles clump together. Unsuitable donors will show the corpuscles clump, change their shapes and form tiny red deposits like red pepper precipitates. Suitable slides after 20 to 30 minutes show the corpuscles clear and definite in the solution with no clumping. No clumping after 20 to 30 minutes means the donor is suitable. It is safe to keep it for 30 minutes. As soon as we get a suitable donor, we give the transfusion. Before we give the blood, we take the patient's haemoglobin by Sahli's method, red blood cells count, the colour index and the blood pictures. After the transfusion we repeat the R.B.C. count again after 14 days. If the patient needs second transfusion we match the blood again, even if the donor's has been suitable the first time.

After the patient is discharged, we advise him to come again to the hospital every month for the R.B.C. count. Some keep in touch with us after they leave the hospital. In 1936 we have done 72 transfusions for 65 patients. Matching blood is very interesting.



THE HEALTH VISITORS' LEAGUE SECTION

The Honorary Secretary of the League, Miss M. E. Rawson, Lady Reading Health School, Bara Hindu Rao, Delhi, will gladly receive reports and articles for insertion in this section.

Some Musings on Health Work in Villages

BY SISTER BYWATER,
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Health Visitors as well as nurses must find it very uphill work in India and are often, I suppose, doomed to disappointment. The Health Centres in existence have such a wide area to cover that the following up of cases must leave a big gap in between.

I once tried to combine Health Visiting, Mothercraft work and District Nursing but found it very difficult. I found a woman was far more anxious to have her or her child's ailments cured rather than prevented. They seem to think it such a waste of time to bother about being clean, especially in the cold weather, when probably they would never have sores and bad eyes and running ears and glands caused largely by all the little live things that hop about and burrow into the skin so happily. After all, it does cost a certain amount of time and thought and temporary discomfort to have a bath, and incidentally soap is not so easily got in the villages, let alone hot water.

In teaching I found examples were very helpful. For instance in a family of children, the baby had dreadful eyes; its elder brother had the same and went blind through neglect. 'Oh well' said the parents, 'it was God's will he should be blind'. But they had heard that the hospitals and health centres sent people out with medicines to cure blindness! It takes time and patience to explain the why and the wherefore of this blindness which they so readily accept, but the proof of the pudding is in the eating. The infant was allowed to be treated, and wonder of wonders, was cured, and the child is now a living example and quite a curiosity of the villages as to what can be done. Now the people who have witnessed this do allow other children to be treated and so cured.