means of special courses in hygiene and mothercraft, as well as by individual health education through clinics and home visiting. Italian workers have reason to congratulate themselves on what they have achieved since 1925. Statistics of the years immediately preceding the passing of the Act revealed the existence of parental neglect, attempted or criminal abortion and a high infant mortality rate, particularly among illegitimate children, to a degree which proved an urgent need for reform in all matters relating to maternity and child welfare.

Under the presidency of the energetic Commendatore S. Fabbri, the Opera Nazionale Maternità Infanzia has recently extended the facilities for training social workers. Comm. Fabbri is president of the provincial administration of the city of Milan, and in the course of his professional career as a lawyer came into contact with many forms of anti-social behaviour which he considered might be traced back to unfortunate conditions of family life. He was, therefore, convinced that child welfare workers required not only a sound knowledge of the mode of public health work, but also that they should be equipped to understand thoroughly the social problems of family life underlying physical disabilities. Child welfare workers also, in his opinion, needed to be prepared for full co-operation with the social agencies whose functions were allied to their own.

'Schools for nurses and health visitors are well established in Italy, but it was not until 1928 that there was organized in Rome the Fascista Superior School for Special Service, the object of which was the training of workers for social service in industrial plants, rather than in connection with child welfare. Comm. Fabbri, on his appointment in 1932 as president of the O.N.M.I., inaugurated a course of training in social welfare specifically intended for child welfare workers. The training takes the form of a six months' course, and trainees, who may be hospital trained nurses, health visitors or school teachers, must be of superior education. The programme of the course covers a very wide field, designed not only to provide a sound knowledge of principles, through the study of psychology, social economy, social legislation, social hygiene (including social diseases), criminology (with special reference to juvenile delinquency), penal and civil law and the administration of the Italian State on the basis of "corporations", but also to demonstrate the application of those principles in practical social service work.'

'Miss Paola Tarugó, a woman lawyer, who has pioneered social service in Italy, was appointed to direct the course, which has already been completed successfully by about fifty students. It is hoped that Comm. Fabbri's endeavours will provide a foundation for the systematic organization of social service in Italy.'

Yours sincerely,
(Ms.) Muriel E. Raynor.

THE MOTHERCRAFT SECTION

Articles for this section will be welcomed by the Editor,
Miss Diana Hartley

NORMAL AND ABNORMAL STOOLS IN INFANCY

Large bulky motions although they may be normal in consistency are associated with non-absorption of food in the marasmic baby. Pale, pasty or bulky stools are often passed by babies fed on whole cow's milk are due to an excess of protein, and are often offensive.
Clay coloured, nearly white stools are found in cases where the proper secretion and distribution of bile is blocked and are often found in babies with a low metabolism.

Small formed constipated stools either pale or dark, denote insufficient fat in the diet.

Brownish stools in a young baby are often found in cases where the diet consists of patent foods or too much cereal, but they are normal in the older baby who is beginning to take conjee.

Relaxed motions with an unusual bluish green tinge indicate that the baby is having too much alkaline such as Lime Water or Sodium Citrate in its food.

Small soft curds show an excess of fat or fat intolerance.

Large hard curds indicate too much protein or a protein intolerance.

Relaxed yellow offensive motions denote over-feeding, the early stages of diarrhoea and often occur in marasmic babies.

Greenish and offensive motions show decomposition and fermentation of food.

Frothy, scalding, acid motions with diarrhoea and fermentation are due to an excess of sugar in the diet.

Green stools may be caused by a passing chill, nervous disturbance, fright or convulsions, a specific microbe, drugs, aperients, etc., taken by the mother if the baby is breast-fed, overfeeding, unsuitable feeding, gastro-enteritis. They are of less significance in a naturally fed baby than in an artificially fed one.

Excess of slime or mucus may be caused by catarrh of the bowels, or the aftermath of inflammation.

Normal stools frequently contain a small quantity of mucus, if it will rub in, it often only means that the feces have passed through the bowels hurriedly and unevenly but if there are stringy definite pieces they are the result of some inflammation. The stools contain mucus in nearly all cases of diarrhoea.

Dark brown, black (except in the newly born) or bright red motions denote hemorrhage.

Hunger Stools are small, dark brownish green in colour and are composed of bile, intestinal secretions, bacteria and bile stained mucus.

Diarrhoea with stools containing mucus with blood or pus indicates acute dysentery.

In Cholera Infantum there is often irregular diarrhoea for a few days then the stools change, becoming watery, mud or coffee coloured and very offensive, or else rice-water-like.

At birth the bowel contains a brownish black treacle matter called meconium which consists of bile, mucus, bunix caseosa, epithelial cells, and liquor amnii and it is sterile.

The stools become first brown and then in three or four days change to a bright orange of mustard like consistency if the baby is breast fed.

They become firmer and darker in colour as more cereals and mixed foods are added to the diet.

The numbers passed vary during the first month from two to four daily, from the second and third months from 1 to 3 daily and up to twelve months one to two daily. More than four a day is abnormal and the cause should be looked for.

The odour should be slightly sour and the reaction slightly acid.

It is important to examine a baby's stools carefully in order to determine what use is being made of the food, and to find out which of the food elements is causing trouble.
"Allenburys"
Malted
RUSKS

Easily
Digested
and
Nutritious

A Help to
Teething

ALLEN & HANBURY'S LTD.
(Incorporated in England)
Clive Buildings, CALCUTTA
and at 37 Lombard Street, LONDON, E.C.3
To the Medical Profession

"Allenburys"
Malted Rusks
The First Solid Food
A Help to Teething
A Stimulus to Digestion

When children reach the age of about ten months, they generally need some more solid diet than hitherto for their early morning and tea-time meals. "Allenburys" Rusks admirably supply this want. They are a valuable food from the age of ten months onwards, and may be used even earlier as a stimulus to salivary secretion and a help to teething.

Safe to Bite and Gratifying
As a mechanical aid to teething, the use of rusks is very much safer than the common practice of giving the baby a bone or other hard article to gnaw.

At the onset of teething an occasional rusk may be given to children even as young as six months. They do not often swallow much of it, but the sensation of nibbling is gratifying to the child, and helpful to the process of teething. Moreover, "Allenburys" Rusks are of just the right size.

Composition

"Allenburys" Malted Rusks are prepared from carefully selected wheaten flour, rich in protein; the malting process partly digests the starch by converting it into soluble carbohydrates, chiefly maltose, and thus makes the Rusks a particularly easy subject for the first efforts at digestion by the saliva. A noteworthy feature of the Rusks is their enrichment by the addition of vitamin D.
(calciferol) in the form of irradiated ergosterol. This vitamin, through its influence on calcium metabolism, is essential not only to normal bone-development and consequent prevention of rickets but also to the growth of well-formed teeth.

**A Stimulus to Salivary Secretion and Mastication**

The functions of the saliva are, in brief, starch-digestion and lubrication. During early infancy the digestive processes in the mouth are comparatively unimportant. The salivary secretion proper is scanty, and the amount of ptyalin in it is small until the seventh or eighth month. Since the cutting of the milk teeth coincides with the full development of the functions of the salivary glands, the use of "Allenburys" Rusks at this time has a double advantage. In strong contrast to barley water, bread-and-milk, and similar preparations, they powerfully stimulate the secretion of saliva. Moreover, they encourage the habit of mastication at an early age, with consequent exercise of the muscles of mastication and the production of a strong, wide jaw, in which there is plenty of room for the teeth.

**Pleasant to take**

In appearance "Allenburys" Rusks are like crisp toast biscuits. They have a pleasant, dry, and slightly sweet taste. They soften gradually in the mouth under the action of the saliva, so that the baby swallows them with ease and safety. Added to hot milk and water, and sweetened, they form a semi-solid, nourishing, and easily digestible food for young children. A light, appetizing, and particularly nutritious dish is a form of custard pudding made by baking the Rusks lightly with milk and eggs. They may also be eaten as biscuits, either plain, buttered, or with honey or jam.

**"Allenburys" Rusks are packed in tins**

In response to many suggestions the Rusks are now cut to half the original size. The total weight of the Rusks in each tin remains the same. Being hermetically sealed, the tins preserve the crispness and flavour of the Rusks under the most varied climatic conditions.
"Allenburys"

Laxative Rusks

A Pleasant, Nutritious Product, containing Liquid Paraffin

The treatment of constipation by the gentle lubricating action of liquid paraffin is well known to be, in many cases, highly preferable to the use of drastic purgatives. These latter not merely produce severe discomfort or pain but aggravate constipation, haemorrhoids, or prolapse of the rectum. Unfortunately, however, some patients, especially children, object to oily medicaments. To meet the requirements of such patients "Allenburys" Laxative Rusks have been designed. These are prepared in exactly the same way as "Allenburys" Malted Rusks, with the addition of one teaspoonful of liquid paraffin to each Rusk. They have an appetizing colour, a satisfying crispness, and a really pleasant flavour.

Dosage

The Rusks may first be taken on rising and at bedtime. Children should take one to two at a time and adults two to four. The dose should be repeated until the bowels are acting regularly or it should be increased if, after some days' trial, the constipation is not yet alleviated; since liquid paraffin must always be given for a reasonable period and at regular short intervals, for its action to be established. Afterwards the dose may be regulated to maintain the motions at the required consistency, and finally the administration of the Rusks may be gradually abandoned without return of the constipation in an aggravated form.

"Allenburys" Laxative Rusks are supplied in tins

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IN ALL CLIMATES . . .

HORLICK'S

KEEPS

INDEFINITELY

HORLICK’S is a combination of fresh, whole milk and the soluble nutritive extracts of malted barley and wheat dried together in vacuo. It is a food which contains an excellent proportion of first-class protein, a relatively low fat content, and the readily utilized carbohydrates, lactose, maltose and dextrin.

Its palatability, its ease of digestion and ready assimilation make it acceptable in all conditions.

HORLICK'S

THE ORIGINAL MALTED MILK

Available Everywhere
QUIET HOUR
The New Year’s Message

‘Ye are the light of the world. A city which is set on a hill cannot be hid.’—St. Matthew v. 14.

‘Let your light so shine before men that they may see your good works.’
—St. Matthew v. 16.

‘It is high time to awake out of sleep for now is our salvation nearer than when we believed.
The night is far spent, the day is at hand: let us therefore cast off the works of darkness, and let us put on the armour of light.’

—THE EPISTLE OF PAUL THE APOSTLE TO THE ROMANS.

‘God does not lodge in narrow heart;
Love claims the whole and spurns the part,
Great hearted one, where’er thou art,
Thou shelterest Deity.’

‘Only a pure and simple mind
Straight to heaven its way doth find;
Greetst the King—while, far behind
Lags the world’s philosophy.’

‘Nay see, the Cross with flowers in ablow,
Decked with its silken pansies I go,
Naught of its wounding, its burning, I know;
It useth me tenderly.’

—Jacopone da Todi.
(The Poet Son of St. Francis of Assisi.)

‘God Made a Nurse.’

‘He made her heart brave, true and kind,
And like His mountain streams her mind,
As crystal pure, yet soft and deep
As where their waters rush or sleep.
Her hands He made firm, tender, skilled.
Their touch with His own pity filled,
And gave to make His nurse complete
A sense of humour, wholesome, sweet.
God made a nurse. Thank God.’

‘Everywhere in life, the true question is not what we gain, but what we do.’

—Cayle.

BOOK REVIEW


This book is complementary to A Complete System of Nursing by Millicent Ashdown, so that the two books cover all the subjects contained in the syllabus of the General Nursing Council for England and Wales.

But considered upon its own merits it is an excellent text-book. It is clear, concise and comprehensive and the 4-coloured monochrome plates and 133 diagrams it contains are extremely good.

It is unusual to find a book dealing with these subjects at such a reasonable price and it should prove very useful in Indian Training Schools.
GLAXO

builds beautiful babies

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