

Sterility is often associated with infantile womb and scanty menstrual periods. Such cases can be helped with Hormonic treatment.

Most psychological problems can be dealt with by the gynaecologist, but if the case be a really difficult one, then it should be referred to a psychologist. Sterility cases come up to gynaecological clinics. Any Irish woman who has no baby comes of her own accord or is advised by her priest to come.

Frigidity may be an accompaniment of sterility, and if so, should be treated.

There is no object in prolonging treatment by starting with small vaginal dilators as the patient is fully anaesthetised before the large dilator is inserted. She therefore never sees it until it is withdrawn, but the psychological effect of seeing the size is often good.

Ventral suspension is rarely if ever resorted to now, even the originator of this operation having subsequently contraindicated its use as it was seldom carried out as intended. Dr. Solomons always performs a sub-peritoneal shortening of the round ligaments: this ensures absence of difficulty in subsequent labours. It is a modified Gilliam operation. In the case of low grade defectives and how they should be treated, Dr. Solomons advised leaving well or ill alone.

It is not possible to say very definitely that there is any age group when sterility is most likely to occur. On the whole women of very early marriages seem less likely to become pregnant whilst many women conceive for the first time after 40. Dr. Solomons recently helped a woman deliver her fourth baby at the age of 49. The Bible tells us in Genesis xviii. 11, 'Now Abraham and Sarah were old and well stricken of age; and it had ceased to be with Sarah after the manner of women.' xxi. 2, 'For Sarah conceived, and bare Abraham a son in his old age.'

*From the College of Nursing,
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THE HEALTH VISITORS' LEAGUE SECTION

The Honorary Secretary of the League, Miss M. Raynor, Red † Buildings, Egmore, Madras, will gladly receive reports and articles for insertion in this section.

A TOUR ON THE NORTH-WEST FRONTIER

By MISS M. E. MACKENZIE

Dera Ismail Khan, N. W. F. P.

A change of scene and occupation is usually welcome, and it was with such a feeling that I began the 1936 tour of the settled districts of the N. W. F. Province. This is undertaken each year to recruit dais for the next training class of the Lady Bolton's Dai Training Centre for the N. W. F. P. at Dera Ismail Khan. This year the districts were so quiet that I was able to visit all the rural areas, and had a more interesting, if strenuous, tour.

The start was at 7 a.m. on a day in mid-April, by road, in a comfortable modern motor bus 88½ miles to Bannu. The scenery is typical of the lowlands of the Frontier; vast stretches of sand and scrub, barren of cultivation, with a few trees on the horizon which is bounded by low bare purple grey hills. Every 10 miles or so we pass a village or hamlet of clay coloured mud huts, the larger villages include a dak bungalow or rest house, post office and

police post. En route, we pass the wandering tribe of Pathans, the Powindas, trekking back to the cold of Afghanistan from the coming summer heat, and taking with them the merchandise collected by them from the trading centres of India. They travel in camps or single families, the women and children on camels, donkeys, or bullocks along with their household goods and domestic animals; babies of human kind, chicks, lambs, etc., swaying happily together on the native saddles, while father leads the camel by a string attached to its nose, and the fierce, long haired bushy tailed Pathan hound barks fiercely at the passing motor transport. The story is told of a young tribesman, further up near the border, shooting and killing the British driver of a car, and excusing his action by explaining he had not seen a car before and thought it was a devil coming towards him. His sentiments are evidently shared by every Pathan dog.

About 30 miles or so from Dera Ismail Khan we go through the Pezu Pass with its peculiar eroded sandstone and rocky crags, and shortly after come to the well-watered, wooded and agricultural district of Bannu, to see fields of wheat, groves of date palms, and orchards of apples, figs and plums which grow well here. At 11 a.m. we arrive at the barbed wire enclosure of Bannu cantonment, which is well laid out with a green parade ground bordering the Fort, has pretty gardens of English flowers, a shopping centre as well as an English church, club, and bungalows. Included is the C.M.S. Hospital and School made famous years ago by the work and personality of Dr. T. Pennell. Here I am hospitably entertained during my stay by the Zenana Hospital staff. The Civil Hospital for men, and the Municipal Zenana Hospital are situated nearer the city. I am not able to go into the city now, owing to communal tension over the recent conversion of a Hindu girl to Islam; there is a love interest involved, with a law case pending, and a lashkar of tribes threatening to assemble, so I hurry on my visit to the rural areas, of which there are two. As these are not on the ordinary motor road, I go by train, which takes the whole day, though the distance is not more than 33 miles. The Bannu district is largely peopled by the Hindu trading community, who are progressive, and so the dais are much appreciated and called in by the public. Both these dais, being Hindus and non-purdah, go freely about and help in the women's section of the local civil dispensary in co-operation with the male sub-assistant surgeon in charge. He keeps a record of their cases and fees in the register provided. One of these dais has been an elementary school mistress, and employs her spare time in teaching knitting to the women and girls of her village; she insists on presenting me with 24 eggs, which she informs me have been boiled so they may not break. The stock hospitality of the Pathans on the Frontier is hard boiled eggs and tea, usually milkless and much sugared.

My next move should be to Kohat, but as one of its rural areas lies nearer to Bannu, that is taken first. Enquiries for days have elicited that lorries leave for Karrak at 8 a.m. daily, and I plan accordingly, only to have a rude shock at noon the day previous, which sends me post haste to one of the lorry stands where I am told the one and only lorry that day will depart at 1 p.m. I fly back to the Mission, hastily pack and return to see the lorry driver, after one look at my luggage, make a hasty departure. I despair, only to be cheered by a hanger-on, who points to the Mail lorry 'just above to leave now', at 2 p.m. I take the front seat, and those behind slowly fill up with Pathan women. The afternoon is hot—very hot—and as the hours tick on I sigh for all I miss; that siesta under the fan, the cheery cup of tea at 4 p.m. in the cool sitting room. At last at 5 o'clock I say to the women, 'Do you think this man will ever start?' Their reply 'He never will if you an Angrezi sit there so quiet, for it is only when the Angrezi make a noise that things

happen,' makes me realise I have failed to come up to expectation. I immediately summon the driver, look fierce and make mention of motor licenses and Deputy Commissioners, and immediately we are off along the Kohat road, after 23 miles or so branching off to the kutch road to Karrak, where we arrive at 7-30 p.m. This is a village rich in the possession of a small Mission hospital and church, run by a Pathan convert of Dr. Pennell, Dr. Jahan Khan. His family are away at Dera Ismail Khan, but the genial old doctor kindly puts me up in his Zenanakhana with true Pathan hospitality, and makes all the bandobast for the next day's trip. Next morning I am called by the doctor at 4 a.m., we are having chota hazri by 4-30, and by 5 I am on horse-back and off to Thati Nasrathi, 10 miles away, to inspect the subsidised dai there. The escort of two men, one with the pony and the other the doctor's own trusted servant, have rifles slung over their shoulders, and I am not happy till assured they are not loaded, and thus not likely to be discharged into me by accident.

Our way lies up and down stony hillocks and along sandy river beds, where we meet Afridi women and girls driving their little donkeys loaded with water skins; they look tired and dispirited, some having come 6 miles for their daily water supply, which they get from pits sunk in the dry river beds.

We take a wrong turning, so do an extra mile and arrive at Thati Nasrathi village at 9 a.m. This is quite a large one built on an angle of the river with a section on each of its banks. I discover both are hereditary enemies, and unfortunately the dai and subsidised sub-assistant surgeon are in opposite sections, so she has fled, leaving her register at the police station. I rout out the sub-assistant surgeon who is very plaintive about the enmity of the dai. He and his wife entertain me to tea, hard boiled eggs, and the gramophone, while I take notes from the dai's register of quite a number of cases entered, which later she denies having done. Frequent checking by the Civil Surgeon of the district would be a check on these irregularities.

I look round for a suitable woman locally to train, as three dais from outside have left this place in 20 months, and its isolated position makes a good trained dai an urgent necessity. I can only discover one young woman, who is not at all keen. We commence the return journey at 10-45 a.m. getting back at 2 p.m. I am very saddle-sore, but sorry to part with the quiet and friendly pony who has borne me so nobly. After lunch I am taken to see a patient in the village, also the Mission church built by the efforts of Dr. Jahan Khan, after which I catch a salt lorry leaving for Bannu at 3-30 p.m.

On the Kohat road we pass a lorry going towards Kohat, so I transfer to that, and am in Kohat by 7 p.m., very weary, having been up since 4 a.m. and covered 90 miles.

I am glad to rest the next day, Sunday, in the house of my kind hostess Miss F. Davidson, Zenana Mission, Kohat City. From her house on the city wall we command a view across well-wooded country to the purple grey hills. Kohat is memorable as the scene of the abduction of Miss Mollie Ellis, and the murder of her mother by tribesmen some years ago.

Monday is spent in selecting candidates for training, looking up passed practising dais, and giving them refresher classes. I have the opportunity of meeting Mrs. Mallam, wife of the Deputy Commissioner, and hearing from her about the new Welfare Centre she has been instrumental in opening in Kohat, and before I leave I also meet Miss Ummadi Singh, the Health Worker.

One afternoon the Civil Surgeon drives Miss Davidson and me in his car 61 miles to Thal, in order that I may inspect the subsidised dai at that place. To go in a private car is a luxury I appreciate. The scenery is not so dreary

as in some parts of this Province, and nearer Thal a good deal of land is under wheat and rice cultivation. The people are mostly Pathans, who are conservative and do not call in the dai, and the Civil Surgeon gives the leading maliks, who have met us, a helpful talk on the subject, in fluent Pushtu, which I envy. I recall my last tour to Thal a year ago by rail, and that, on the return journey, my carriage was nearly invaded by a furious Pathan youth, who, however, just failed to get in (and I knew the sliding door was out of action and would not close). He then threw huge boulders at the carriage, which wounded the European railway official who tried to arrest him, which done, he was found to be mental, was bound and handed over to the police at the next large station. Here also the police guard, who should have been on duty in the train, is found to have taken French leave, and tries to induce us to keep silent on the subject.

(To be continued.)

STUDENT NURSES' ASSOCIATION SECTION

Reports and Articles for this Section will be welcomed by the Hon. Organising Secretary, Miss Pitman, Women's Medical College Hospital, Vellore.

DEAR STUDENT NURSES,

We have to congratulate the Mayo Hospital, Nagpur, on forming a Student Nurses' Unit of 10 members.

We wish the new unit every success in all its efforts, and hope that every member's life will become more full of interest through her contact with the Student Nurses' Association.

With all good wishes to the Unit,

I remain,

Yours sincerely,

V. K. PITMAN,

Hon. Secretary.

Report of the year for J. J. Unit

On looking back over the last year we feel we have not wasted our time nor our efforts. Inspired by the things seen and heard at last year's Conference at Nagpur, we have tried to do still greater things. Those of us who were not fortunate enough to be present then were encouraged by what we heard from the more lucky ones.

Our efforts up to date to raise funds consist of a raffle, a concert and a dance. The raffle was made possible by the kindness of the student nurse who won a lady's wrist watch as 1st prize at the Exhibition last year and who very generously handed it to the unit to be raffled to raise funds for the Association. On this we realised Rs. 50.

Then later came the concert. This took shape only after much hard work but nevertheless we got much fun out of practices and rehearsals. It was the audience who got the fun out of the finished product—we were too nervous lest we forgot our cues.

However we found much unexpected talent amongst the student nurses and in addition to an amusing sketch 'The Rest Cure' we had a pianoforte duet—a solo from another nurse who accompanied herself on the mandolin—a well performed Welsh jig presented in Welsh national costume—a very interesting song about Vitamins and various other items.

As this was our first effort at play producing and stage management we charged only the modest sum of As. 4. Besides we didn't want the entertainment tax people running off with all our profits. We provided 200 chairs in the nurses' large dining-room but before the show commenced there

was standing room only. Even at this price and after all expenses were paid including the fee for the acting of the sketch we cleared Rs. 47 with which we were very pleased.

The most ambitious effort—the dance—was really the trained nurses' effort but they insisted on it being mentioned here as they wished to say how grateful they were for assistance rendered by the student nurses' in decorating the hall, etc. It was very tastefully done in blue and yellow and multi-coloured balloons. The result of this dance was also beyond expectations.

Regarding new members we have 7 to our credit with the promise of more if the recent examination results are favourable. Three of the S.N.U. members have now joined the T.N.A.I., having qualified. Our number now stands at 21.

N. SMITH,
Student Nurse.

Notice.—Will student members kindly read and pass on the news for them in this month's News and Notes.

THE MOTHERCRAFT PAGE

Articles for this page will be most gratefully received by the Editor,
Miss Diana Hartley, S.R.N., S.C.M., M.T.S. Certificate

HOW TO FEED INFANTS from Birth to Two Years of Age

by
DR. JEAN BIGGER.

PART I

FEEDING FROM BIRTH TO SIX MONTHS

Mother's milk is the very best food for this age. What happened to the following 20,061 infants during the first nine months of their lives is strong evidence supporting this statement. Out of these 20,061 infants

9,749 were wholly breast fed and 15 died = 0.15% deaths.

8,605 were partially breast fed and 59 died = 0.7% deaths.

1,707 were artificially fed and 144 died = 8.4% deaths.

These figures speak for themselves. They came from an Infant Welfare Centre in Chicago. All the mothers of these babies therefore had the benefit of expert advice and supervision, yet the death-rate among the artificially fed infants was 56 times greater than that among those completely breast fed. Where such expert advice is not available it seems certain that the death-rate of artificially fed infants would be found to be still higher. The fact that the death-rate among partially breast fed infants was 4.66 times greater than that among those completely breast fed suggests that before augmenting the infants' diet by adding a feed of cow's or goat's milk every effort should be made to increase the mother's supply of milk, and thus avoid the necessity of mixed milk feeding.

In the management of breast feeding the most important thing is to see that the mother is properly fed. Her diet should include milk or curds, fish, a plentiful supply of green leafy vegetable and fresh fruits. Eggs and liver are very good for the nursing mother and these should be taken if her religion permits. Sprouted gram makes a good addition to her diet. She should drink a glass of water (one pau) about half an hour before she feeds her child. Overwork sometimes adversely affects the mother's supply of milk. It is good for her to rest for one hour on her bed in the middle of the day.