

NOTES UPON THE TREATMENT OF LEPROSY—(Continued)

BY MISS ROUND

Equipment for a Clinical Dispensary

1. A nice well-ventilated room with good light, stone floor and washable walls, if possible.
2. A table containing 2 large basins, carbolic soap, nail brush, plenty of water and a disinfecting lotion, such as carbolic 1 in 80, Lysol, methylated spirit, towels.
3. A table large enough for a patient to lie upon, which so made that it is easy to keep clean and free from infection.
4. Primus stove and cover to protect from the wind, small and large sterilizers, 2 small enamel saucepans; stool, chair and bench.
5. Two 5 cc. hypodermic syringes and one 10 cc. Needles for intramuscular and interdermal injections as well as intravenous. At least half a dozen of each. 2 pairs of dissecting forceps. Either a strong piece of cord or rubber tubing for tourniquet. Scissors, 2 pairs surgical 1 pair curved on the flat. 1 doz. glass slides for taking specimens. Medicine Glasses one to 4 drachms, one to 4 ozs. and a one pint jug. Apparatus for testing urine, tubes, urinometer, spirit lamp, holders and the various things for testing for albumen, sugar, pus, blood, etc.
6. A supply of cotton wool, lint, gauze and bandages, safety pins, according to the need and number of patients.
7. Tinct. Iodine, tinct. benzoin Co., Spt. Ammon. Aromat., Boric lotion, Protargol should always be ready. Also a supply of vaseline, olive oil and Sod. Bicarb. in case of burns, and brandy.
8. If the Leprosy Clinic is run in conjunction with an ordinary out-patients department, tonics, emulsions and quinine mixtures will always be at hand, but if it is entirely separate then Codliver oil, Mist. Ferri et Ammon Cit., Syr. Ferri. Phos., Yeast, Ephedrine, Aspirin, Bromides and Quinine should be stocked as the patients will probably need some tonic or one of the various medicines for coughs, colds, influenza, etc., Mist. Diuretics and Diaphoretics.
9. A preparation of Potassium Antimony Tartrate for intravenous injection is used when the patient is having a bad leprosy reaction. Also one of the arsenic drugs used in syphilis, such as Neosalvarsan.
10. Several ointments such as Ung. Sulph., Ung. Ol. Ric c Tinct. Benzoin Co., Ung. Hydrag., Ung. Chrysorobin.
11. Aperients—Mag. Sulph., Pulv. Glycerr. Co.
12. Gargles—Nose drops and Distilled Water.
13. For the treatment of Leprosy itself Ol. of Esthers for intramuscular and interdermal injections.
14. If leprosy is treated in an ordinary clinic, a separate room for their examination and treatment would be a great advantage.
15. For a record of cases, case sheets, charts with an outline of a human figure so that the affected parts could be sketched in outline. Temperature charts, clinical thermometers and a watch for recording pulse and respiration. Stethoscope for chest and cardiac examinations.
16. The room used should be one that can be kept absolutely clean and free from flies.

17. A large notice should be exhibited for propaganda purposes showing the danger of neglecting treatment, what can be done to prevent infection by the patient himself and how he can help his own countrymen to come forward for treatment. All that is involved when leprosy is neglected. How whole households can be spared much misery by keeping all the rules given to those who are being treated at home. This notice should be in at least 3 languages.

18. Small apothecaries' scales for the weighing of drugs, scales for the weighing of patients, a small portable incinerator.

STUDENT NURSES' ASSOCIATION SECTION

Reports and Articles for this Section will be welcomed by the Hon. Organising Secretary, Miss J. ROBSON, S.R.N., D.N., Rainy Hospital, Royapuram, Madras.

Annual General Meeting—The Student Nurses' Association,

Nagpur, 14-11-35.

DEAR STUDENT NURSES,

(2 p.m.)

I am sorry to be so long in letting you have a report of the Annual General Meeting, and also of the Exhibitions : but I know you have all read Miss Worby's description of the Exhibition, and are now only waiting to know who won the prizes.

We had a record representation of Units at the Annual Meeting ; 12 out of our 15 Units sent a delegate.

I was more than pleased to report that the Student Nurses' Association had been able to pay for the travelling expenses of Miss Hartley which has been a really good bit of work for both Associations.

The Treasurer's statement showed that we may still hope to do this during the coming year.

The most important part of our business was the intimation of a change in Bye-law No. 1 of the Student Nurses' Association as altered at the Executive Meeting of the Trained Nurses' Association. Will you please look up the old Bye-law and realise what a fine thing the older Association has done for us in making it almost impossible for any one of us to lapse. May we show our appreciation by joining the Trained Nurses' Association just as soon as we leave the Student Nurses' Association.

The amended Bye-law reads as follows :—

' Such applicants will be admitted immediately to the T. N. A. I. without payment of fees. On joining the T. N. A. I. they shall receive the *Journal* monthly till the following October. On payment then, of the T.N.A.I. subscription, they shall receive the badge and handbook free.'

This amendment, having been read, was recorded with thanks to the T.N.A.I. Miss Mavis Brown, Bombay, then proposed that, 'In the event of there being a loss in funds to the T.N.A.I. the loss should be made good from the general funds of the Student Nurses' Association'.

This proposal was recorded by Miss Gnanammal Gnanasigamoney, Madras, and carried unanimously.

Miss Pitman of Vellore gave us a most stimulating and interesting address which has already appeared in the January *Journal*.

We also had two very excellent papers read by two of our own members—one on 'Typhoid Fever' by Miss Sweeney, Calcutta, and the other on 'Vesico-Vaginal Fistula' by Miss Job, Vellore.

Both of these will be printed in full next month.

After the Unit reports had been read Miss Abram, our President, very kindly presented the prizes to the successful Exhibitors, and a very happy meeting was adjourned with thanks to all who had helped to make it so.

PRIZES

Special prize, given by H. E. Lady Willingdon—

Miss M. Daniel, Rainy Hospital, Madras (Model of typhoid patient).

Special prize, given by Colonel Wilson—

Miss M. Jacob, Medical College Hospital, Vellore (Drawing of the 4 vertex presentations).

Section I. Drawings.

1st prize—Miss C. Jacob, Medical College Hospital, Vellore

(Foetal circulation).

2nd prize—Miss E. M. Sonivathy, Medical College Hospital, Vellore

(Arch of the Aorta).

3rd prize—Miss K. Abraham, Medical College Hospital, Vellore

(Food Star).

Highly commended.

Miss O. Spooner, Presidency General Hospital, Calcutta (Vitamin frieze).

Miss M. Hyde Barker, Presidency General Hospital, Calcutta

(Female skeleton).

Miss L. Amrit, Presbyterian Hospital, Miraj (Symptoms and treatment of Malaria and burns).

Section II. Models.

1st prize—Miss Brennan, J. J. Hospital, Bombay (Patient prepared for gastric analysis).

2nd prize—Miss M. Brown, King Edward Memorial Hospital, Bombay (Fracture bed).

3rd prize—Miss A. Varughese, Holsworth Memorial Hospital, Mysore (Bandaging).

Highly commended.

Miss M. A. Brittain, Presidency General Hospital, Calcutta (Extension bed).

Miss I. Sweeney " " " " (Cardiac bed).

Miss I. Sheane Smith " " " " (Patient in Fowler's position).

Miss Z. Perry " " " " (Amputation patient).

Miss C. Whitburn " " " " (Patient with fractured skull).

Miss S. B. Masterton " " " " (Patient in Bryant's position).

Miss G. Gnanasigamoney, Rainy Hospital, Madras (Sutures, ligatures, and needles, used in the Operation Room).

Section III. Sewing.

1st prize—Miss L. Alfreds, Rainy Hospital, Madras (New born baby, with clothes).

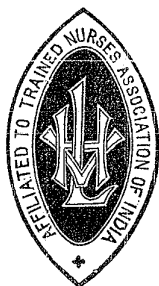
2nd prize—Miss N. Coody, Presidency General Hospital, Calcutta, (Nurse in uniform).

3rd prize—Miss A. Gale, Presidency General Hospital, Calcutta (Picture of Florence Nightingale).

Highly commended.

Miss Zohra Khan, St. Stephen's Hospital, Delhi (Drama of dressings).

Miss E. Hodgkinson, Presidency General Hospital, Calcutta (Nurse dressed for theatre).



THE HEALTH VISITORS' LEAGUE SECTION

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

Egmore, 15th January, 1936

DEAR FELLOW-HEALTH VISITORS,

Here is a very interesting article about teeth, sent out in December from the League of Red Cross Societies, '*Healthy Teeth*'.

'Once upon a time dentists concentrated all their attention on the teeth. We were taught to brush them daily, to keep our mouths clean by mouth washes, etc., to go to the dentist as a matter of routine at least once a year and whenever there was the slightest sign of local trouble. We were urged to eat whole bread and hard food which required much mastication. We were advised to avoid sweets, particularly at night, for fear of their setting up injurious fermentation in the mouth.

'The most important lesson of recent research is that if we care for our food, our teeth will care for themselves. This is, of course, an exaggeration, but it contains more than a germ of truth. A study of the dietary of primitive races, some with good teeth and others with bad, has shown that good teeth can be associated with certain dietaries and bad teeth with others.

'One of the greatest pioneers in this field is Mrs. May Mellanby, of Sheffield, England, and her most important conclusion, after years of study, is that the calcification of the teeth is controlled by Vitamin D, which is much more abundant in some foods than in others. In both animals and man the very growth and structure of the teeth depend largely on an adequate supply of this vitamin. Given a diet of high calcifying value due to the presence of Vitamin D in it during the formative period of the teeth, they not only develop normally, but are comparatively little subject to caries. Much can be done for the teeth before birth and early in life. But their resistance to decay continues to depend throughout life on the quality of the diet.

'After examining numberless human teeth, Mrs. Mellanby has come to the conclusion that a perfect, normal tooth is very rare. Most show some defect such as surface roughness, pigmentation, or discoloration of the enamel. The same defects can be produced artificially in animals by diets which are insufficient in Vitamin D. Mrs. Mellanby has, however, noted

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that in most milk teeth the part formed before birth was well calcified even when the rest of the teeth was defectively developed. This observation suggests that, during pregnancy, the modern child is better provided for, as far as the teeth are concerned, than after birth.

'Mrs. Mellanby found caries to be much more common in defectively developed teeth than in others. This means that if only the perfectly normal development of teeth can be assured by a suitable dietary, the need to rush to the dentist repeatedly for the stopping of holes will diminish greatly. What is such a dietary? As a result of countless investigations, Mrs. Mellanby has come to the conclusion that if the incidence of dental disease is to be substantially reduced, especially in temperate zones, it is necessary during the whole of life to consume much more milk, eggs, cheese, animal and fish fats, and vegetables than we have done in the past. There should be a corresponding reduction in the consumption of cereals which, for some obscure reason, seem to promote caries. A diet with a large cereal content is however compatible with perfect dental development provided the child is breast-fed and plenty of milk and Vitamin D are given after weaning. The longer a child is breast-fed the better will be the development of his teeth. Breast-feeding should therefore be general and prolonged. In some cases it may be prolonged up to a year or longer, provided a supplementary diet is given after about six months. It should include some iron and Vitamin D. Codliver oil or some other source of fat-soluble vitamins should be given to all infants.

'These, then, are the general principles of feeding which will certainly result in the formation of more perfect teeth regularly arranged in well-grown jaws. With the better structure of the teeth resistance to bacterial infection will be increased, and dental caries and pyorrhoea will cease to be the scourge they are now.

'Until, however, Mrs. Mellanby's revolutionary findings are fully confirmed and more is known about the development of teeth and the conditions under which they become diseased, it would surely be unwise to discard old lamps for new, and to disregard all the local devices we have practised in the past in order to keep our mouths healthy.'

This gives us an added reason for making every effort to get foods containing Vitamin D into the children's dietaries, while we must still continue to teach the importance of proper attention to hygiene of the mouth.

Yours sincerely,
MURIEL E. RAYNOR.

THE MOTHERCRAFT SECTION

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

THE TREATMENT OF HERNIAS IN INFANTS

Umbilical hernias often occur in newly born infants due to traction on the cord, inguinal hernias are more frequently seen in boys than girls, and both are much more inclined to persist in thin, under-nourished babies, often vanishing as they get stronger and fatter.

The old method of placing a pad over the umbilicus necessitates a tight abdominal binder, while the wool truss for an inguinal hernia seldom does any good.

The following method is both simple and efficacious :—

- (1) Cut strips of $\frac{1}{2}$ inch pure zinc adhesive plaster 2 inches long.