

them will be stated later when we know the time at which Conference opens. The first thing to do is to write for the application form and send it with a registration fee of As. 8. Application forms and registration fees must be received by the correct date for all exhibits, otherwise the exhibits will not be considered in the competition. Last year we had a great deal of difficulty with the exhibits which came in late for which we had no application forms; so this year I am asking for your co-operation in this matter. Please send in your application forms and your registration fees early.

I remain,
Yours sincerely,
V. K. PITMAN,
Organising Secretary.

Premature Infant

BY MISS ANNAMMA CHERIAN, MEDICAL SCHOOL HOSPITAL,
VELLORE, N. ARCOT

The most essential facts needed for the growth of a premature infant :—

1. Warmth.
2. Suitable nourishment.
3. Rest.
4. Fresh air.

Warmth. Always the baby must be kept warm, keep the limbs wrapped with cotton wool and well bandaged. Make a cap for the head with cotton and gauze to protect it, dress the baby with flannel vests and frocks and wrap it in one or two good baby blankets. Keep hot water bags at the sides of the baby at the temperature of 100°F. Change the baby whenever it is wet or whenever it has a motion. Always change it in the cradle and treat buttocks with oil each time. Change hot water bottles one at a time to regulate the temperature. Keep its clothes separately; disinfect them well, wash with soap and water and put in the sun after use each time.

Food. The baby should be fed frequently (2 hourly to begin with) even from the beginning. The best food is colostrum from the breast with a little sterile water added. It must be fed in small amounts as it will take 1 dr. to 3 dr. at a time. Then gradually we can increase the amount, and interval according to the progress of the baby. Feeding should be given at the right time and it must be warm. If we are feeding it with dropper as the baby cannot suck from a bottle, it is better to stand the milk in a bowl of hot water and change it often to keep the milk warm during feeding. If the baby seems to be not digesting its food, i.e. if it is vomiting or if it has motions with curds and they are very frequent, Sod. Cit. may be added to each feed. Breast milk is the best food for the infant. Sterile water to be given between feeds. Gradually the baby should be trained to suck from the bottle and breasts. Keep the bottles, teats and all feeding utensils twice boiled daily and in a covered bowl of boiled water.

Rest. Moving to and from the cradle often is a great exertion for the premature baby. It is an exhausting strain for it, so it must be kept at rest without much movement.

Fresh Air. It is better for the baby to be separate in a well ventilated room where it can obtain frequent care and attention. Moreover it is apt to get infections very easily due to low resistance, if handled in the ward by the patients and relations. Even the atmosphere must be warm and favourable. Since it is not able to stand even the slightest difference in temperature of the air.

Bath. This must be given even from the beginning if the baby's condition allows. Start with and continue oil bath until it is well able to stand a soap

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and water bath. Have everything at hand before doing the baby and keep the room closed. Do the baby in small parts keeping the rest of the body well covered.

Weight to be taken to know how the baby is getting on. Better to take it wrapped in a blanket and then deduct the blanket's weight. These things, i.e. bath and weighing are not to be done daily but once in 3 or 4 days only.

Temperature. Normal temperature is from 98·4° to 99°. The temperature of baby will show how the baby is doing and whether the warmth of the cot should be increased or decreased.

Motions and Urine to be watched carefully. If there is any sign of indigestion, curds, mucus, etc., and the consistency of it, watch and see whether urine is concentrated or not and whether it is passing the normal amount.

THE QUIET HOUR

SHIPS THAT PASS IN THE NIGHT

BY MISS I. SWEENEY

Presidency General Hospital, Calcutta

Almost everyone has read that book, or perhaps if they haven't read it, they have heard the expression or they may sometimes use it 'ships that pass in the night'. But have you ever, as nurses, likened yourselves to a ship on the wild seas of illness? Out of the darkness a call for help—a light glows, then darkness—a slim shadow is all we can see. What next? We grope, we search and find what? Day or night, storm or calm, we still must sail the seven seas. An S.O.S. is hurled upon the air. It is a stranger who has strayed from the path of health. He has got off his course as it were. We flash back an answer, just a tiny adjustment. Nothing serious, a minor illness that needs a little tending. The ship finds its way back (to health) and we pass on.

So many men, women and children come to us on the wave of sickness or in its trough of death. We throw to them the line of Hope. We tend their ailing bodies and soothe their aching, mangled limbs. They are like ships, so are we: they the storm tossed wrecks, we the firm, steady vessels. We are well equipped, gaining experience, reflecting and absorbing it as we go along, but still the shadows remain. A week or two weeks, a month or perhaps two, or may be a little longer, but yet they must pass on sometime. Either cured and strong, once more the sport of nature; or across the bar to the unknown. We have done our best and so must part, perhaps never to meet again.

In passing, we speak to each other not the language of words, but of thought and action. Have you ever *felt* someone speak to you? Have you ever felt a pleasant silence full of kindness and rest?—with no sweet honeyed words or endearing names, no flattery. Just a heartful of confidence and sympathy. I have heard it said that a good nurse must have a fine personality. She must be able to impart to those about her, her patients in particular, her high ideals and thoughts. And without any conscious effort