Thus bringing our session to a close.

I am sure of the 20 persons present all were very pleased to have had the opportunity of attending this Conference of Members of the Christian Medical Association and Members of the Trained Nurses' Association here in Mahableshwar.

The following are a few notes, by no means exhaustive on the treatment of

PNEUMONIA

BY MISS LAMBERT, A.T.N.A.

General

1. Room—

Should be light and airy but free from draughts.

2. Clothes—

Should be light but warm.

3. Bed—

Usual medical bed, firm mattress. Coverings light and warm. Patient should not be nursed on floor.

4. Position—

According to Doctor's orders. Usually, if state of patient allows, in recumbent position. If dyspnoea develops raise head and shoulders.

5. Treatment—

A. *Temperature, Pulse Respiration.* To be recorded 4 hry. Watch pulse and respiration carefully and mark any change.

B. *Feeding.* Plenty of fluids are necessary, such as barley and glucose water, milk, citrus juices, cocoa, beef tea, malted milk, ovaltine etc. These should be given 3 oz. 2 hry. with frequent drinks of water between whiles, so that 5-6 pints of fluid are given in twenty-four hours. Thus helping to dilute toxins, also helping the excretory organs.

C. *Sponging.* Tepid sponging 4 hry. if temperature over 102° taking care not to chill patient. Move patient as little as possible. Back toilet 4 hry. Mouth toilet after feeds.

D. *Bowels.* Daily evacuation necessary to eliminate toxins. If B. N. O. enema every second day or as ordered by the Doctor.

E. *Urine.* Specimen tested on admission. Note quantity and frequency.

F. *Sputum.* To be received in covered vessel which contains antiseptic fluid. Note nature and colour as this is important in diagnosis and in diagnosis of complications. Watch particularly for rusty or frothy or blood-stained sputum, also note whether thick or tenacious or not.

6. Sleep and Rest—

Essential. Drugs may be ordered by Doctor.

7. Specific Treatment—

A. Consists of local application of antiphlogestine, poultices, Ichthyol and Belladonna ointment etc.

B. Injection of Transpullman or other specific.

C. Mixtures which must be given according to time ordered, though usually if patient is sleeping it is unwise to awaken for mixture!

8. Termination—

By crisis, usually 3rd to 9th day. If complications are present may be by Lysis. Watch carefully for collapse. Be prepared with stimulants as ordered by Doctor. Hot Water Bottles. Extra well warmed coverings.

9. Complications—

Sleeplessness, Collapse, Haemorrhage, Epistaxis, Empyema, Tuberculosis, Disorders of heart, Meningitis.

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.

LADY READING HEALTH SCHOOL,
Bara Hindu Rao,
Delhi.
June 10th, 1936.

DEAR FELLOW HEALTH VISITORS,

I have been asked to act as Secretary of the Health Visitors' League in Miss Raynor's absence, and this I am very pleased to do provided that you will help me in sending contributions to Our Page.

The number of our members is small, but just as we have to make ourselves felt as Public Health workers, so I want us to make ourselves felt in this Journal. Let us share our doings, our ideas and our hopes for the future with others, and in this way we may do more than we know to help on the great cause of Maternity and Child Welfare.

A subject that is much in my mind these days is the distribution of milk to school children. As Health Visitors dealing with children up to five years of age, this does not necessarily come within the scope of our work, but maybe some take part in School medical inspection and have had experience of free milk being given in schools. If so, I should be very glad of some information as to whether this is proving successful or not.

Please remember that I am hoping to hear from you very soon.

Yours sincerely,
M. E. RAWSON.

Farewell Party to Dr. Ruth Young

I think that other Health Visitors, as well as the old students of Lady Reading Health School, Delhi, who, on account of distance were unable to participate in the Farewell Tea Party to Dr. Young, may like to hear about this function.

We had already heard of this coming event through the well-thought plans of Miss Mackenzie and Miss Jackson to raise subscriptions to present our Secretary with a token of our affectionate feelings for her. To translate these feelings into a material present is always a hard task, and no wonder it taxed the brains of the organisers of this function.

Well, I won't tax your curiosity; it was decided to present Dr. Young with a silver cigarette box with an inscription and her initials on it. You need not be surprised at a cigarette box. It was not, as Dr. Young put it, 'to encourage smoking', but to remind her always of our loving regard for her.

The party came off on the evening of May 9th, in the courtyard of our old institution, in an atmosphere of recollections of school days, the sunny days one might say. It was a gathering of the old and the new, and besides the honoured guest of the evening, we had in our midst the distinguished presence of Major Loganadan, M.O.H. of New Delhi, Dr. Nirula, M.O.H., Old Delhi, Dr. Chadwick, Superintendent of M. and C. Welfare, New Delhi, and Dr. Natarajan, Superintendent of M. and C. Welfare, Old Delhi, as well as many others. And those who could not join us from the Olympian heights of Simla sent their good wishes.

It was pleasant on a hot afternoon to meet round a sumptuous table and eat icecream and other delicacies.

Then a farewell address was read by Mrs. Sakhubai Thomas, one of the old students . . . a touching affair, and particularly so when we had to bid farewell to our trusted guide, Dr. Ruth Young. As pioneer and torch bearer of the Child Welfare movement in this country, we pay her homage. She made a happy speech in reply, recalling incidents of the old days and reminding us of the uphill work of past years.

We are sorry to lose her close association with our Alma Mater, but we are happy to know that she will continue to be interested in our old School as well as in us who have passed out.

K. SAPRA.

Note.—Dr. Young, who was formerly Director, M. and C.W. Bureau, and Secretary, Lady Reading Health School, Delhi, has recently relinquished that post, and is now Principal, Lady Hardinge Medical College, Delhi.

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.

The Student Nurses' Function and the Government General Hospital, Madras.

BY STUDENT NURSE ALICE HUNT.

The Student Nurses of the General Hospital had a very enjoyable Social in the Nurses' Quarters on April 1st, 1936.

The party commenced at 6 p.m. with the game musical chairs. Everybody present joined in, and just as the game was getting very exciting, a batch of late-comers arrived. I'm sure Matron was thinking of a line in the verse 'The more the merrier' as she asked them to join. This added to the jollity of the game. We could hardly hear our own voices with the noise and laughter. The winner Nurse T. Staggs was very loudly applauded. She well deserved the first place, having kept on the run from 6 to 7-45 p.m.

An interesting game of Whist Drive followed this. Here we were very much amused by Nurse Trindade, who was most unfortunate, and had the honour of sitting at table No. 9 for ten games.

The game lasted from 8 to 10 p.m., the winner being Nurse M. Rodrigues.

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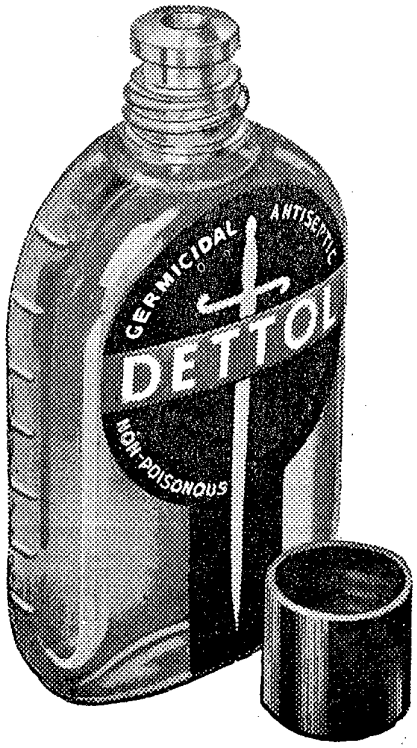

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Light refreshments were then passed around, after which, Matron distributed the prizes. A prize was awarded for each of the previously competed games, viz. Ludo, pingpong, snakes and ladders, and caroms. Three prizes for musical chairs, and three, including the booby prize for Whist Drive, the latter of course was presented to Nurse Trindade.

Tennis was postponed until after a short spell of rainy weather. The winner was Nurse E. Prazer.

I am sure that every student nurse will agree with me when I say, that all credit is due to our acting Matron Superintendent Sister King, who did her level best to make the evening a real success.

On behalf of all the student nurses I'll end by saying 'Three cheers for Sister King' and a very hearty 'Thank you.'

THE MOTHERCRAFT SECTION

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

HOW TO NURSE A BABY

Dr. E. Denssen Rosenthal.

Though there seems nothing simpler and more natural than nursing a baby, I have heard so many extraordinary views about it, that I think it necessary to recall into memory some important facts for advising the mothers.

1. *Mother's milk is the natural and therefore the most valuable food for every child.*—I saw mothers who could have nursed their babies, giving patent food to them, being of the opinion that this expensive food would be more valuable for their little ones.

(*a*) *No patent food can replace mother's milk.*—The next to mother's milk is the milk of a healthy wet nurse.

(*b*) *There are very few diseases with the mother that should prevent her from nursing the baby.*—The only one preventing her in any case is tuberculosis. In all other cases she should consult a doctor about being allowed to nurse her baby.

2. *A baby should be put to the mother's breast on the very first day* after 6 to 12 hours rest after confinement for mother and baby. The sucking of the baby will make the breasts begin to work quicker in producing milk. Many a mother says she cannot nurse her baby because her milk is not good. She should realise that the watery juice which can be drawn out of the breast some hours after confinement is very valuable for the baby containing a natural tonic and a purgative to clean the baby's little stomach, before real milk can be digested.

3. *Giving Castor Oil to a new born babe is not at all beneficial*, let it have the natural purgative contained in the mother's milk.

4. *No other food than mother's milk should be given to the healthy newly born baby.*—The baby has been so well fed in the mother's womb that it can easily remain without or with very little food for two or three days. It only needs fluid, therefore a little well boiled water should be given to the baby in case the mother's milk does not come quickly.

5. *The hours of Nursing should be regular.*—A healthy baby needs not more than six feeds in the day, and no feeds in the night. The little stomach