

come into the circulation or if they do, they are speedily killed out. This explains quite rationally how efficaciously liver-extract acts in Pernicious Anaemia.

For a diagnosis of Anaemia to be made, the following tests are done :—

1. The enumeration of the red cells, the number of which is very low in Pernicious Anaemia, Sprue-Anaemia, Anaemia of Kala-Azar and Malaria, 'Bengal spleen', etc.

2. Estimation of the Haemoglobin percentage, which is low in Anaemias, most so in Chlorosis, Anaemia of Pregnancy, Anaemia of Infancy, Ankylostomiasis, etc.

3. Calculation of the colour index, high in Pernicious Anaemia, Sprue-Anaemia—low in Chlorosis, etc.

4. Presence in blood-films of Anisocytosis, Megaloblasts, Microcytes, etc.

5. Vanden Berg's test, which is usually positive in P.A.

Intensive liver treatment is now carried out in most forms of Anaemia—the best results, of course, being seen in Pernicious Anaemia; in fact, response to liver treatment confirms the diagnosis of P.A. The liver preparations must contain the P.A. factor, and the earliest recognisable phenomenon is the liberation into the blood stream in a few days of numbers of immature red cells, known as 'reticulocytes', which mark the beginning of the improvement in the disease. If the patient cannot take the liver-extract by mouth it is given in concentrated form by injections, in such preparations as, the better known ones being, Campolon, Hepatex, etc.

In the Anaemia of Sprue, the P.A. factor is also involved: here it is not so much by its absence, as Dr. Dyke points out, but by its failure to be absorbed from the bowel. But liver treatment is not the panacea here; calcium must also be given.

In the Anaemias due to deficiency of haemoglobin, liver-extract is a help, but the exhibition of iron is the main need and is now given in the form of Iron Ammonium Citrate.

In conclusion, acknowledgment must be made for extracts taken from that admirable paper of Dr. S. C. Dyke, D.M. (Oxon.), F.R.C.P. (London), which appeared in the *Lancet*, 13th October, 1934; also to Bayer, *Records*, Vol. ii, January 1935.

SISTER TUTOR'S COURSE, UNIVERSITY OF LONDON

BY

V. K. PITMAN, S.R.N.,

Vellore Medical College Hospital.

A course of three terms has been arranged at King's College of Household and Social Science, University of London, for trained nurses who wish to qualify as Sister Tutors.

The subjects of study for the College certificate are :—

(a) Biology and Bacteriology,

- (b) Hygiene,
- (c) Physiology and Anatomy,
- (d) Institutional administration.

In addition to this, the College of Nursing gives a valuable course of lectures on methods of Education, with some teaching practice, and the examination results for this subject appear on the King's College Diploma.

The terms run from early October till the middle of December.

January to March.

April to June.

The course is an expensive one, but there are scholarships to be had.

The College of Nursing offers a scholarship to its members, and this I was fortunate enough to obtain for the year 1933-1934.

I am quite sure that I only obtained that scholarship because I managed to impress them with the importance of Nursing Education in South India, I also suggested that the time had come when Sisters working in Indian hospitals which have training schools for nurses, needed a background of knowledge for their training work, such as the King's course promised to give.

The T.N.A.I. and my own hospital had backed up my application, and to them also I owe my opportunities for study, which proved well worth while.

Subjects which had been a closed book were opened to me, and for the first time I began to grasp the great principles of life which underlie the Anatomy and Physiology we strive to teach our probationers.

I think the part of the work which is most valuable to a trained nurse is the practical Laboratory work, in which as a result of her own at first clumsy efforts, she proves the facts which she has hitherto had to accept without proof.

The course is an intensive one and means concentrated study, which to me was a hard discipline, but for any one who is keen on training nurses, and who can be given a slight extension of furlough, it is a very profitable course to take.

King's College trains most of its members for the B.Sc. degree in Household or Social Science, and runs several one year courses alongside the full Science course.

The Sister Tutor's course is one which experiences both the advantages and disadvantages of being incorporated in a longer course. Many of the lectures are those which are also given to the B.Sc. students, and are not therefore given from the nurses' point of view.

Hence in Physiology one could wish for more time to be given to General Physiology, and a little less to the specialised subject of Dietetics.

A similar teaching diploma for nurses is given at the Battersea Polytechnic, and is, in some ways more practical for Sisters on furlough from India I believe, but I am thankful that I had the privilege of working at King's College for a year, and of being a member of the hostel. It was a stimulating experience to live in intimate relationship with the modern English girl.



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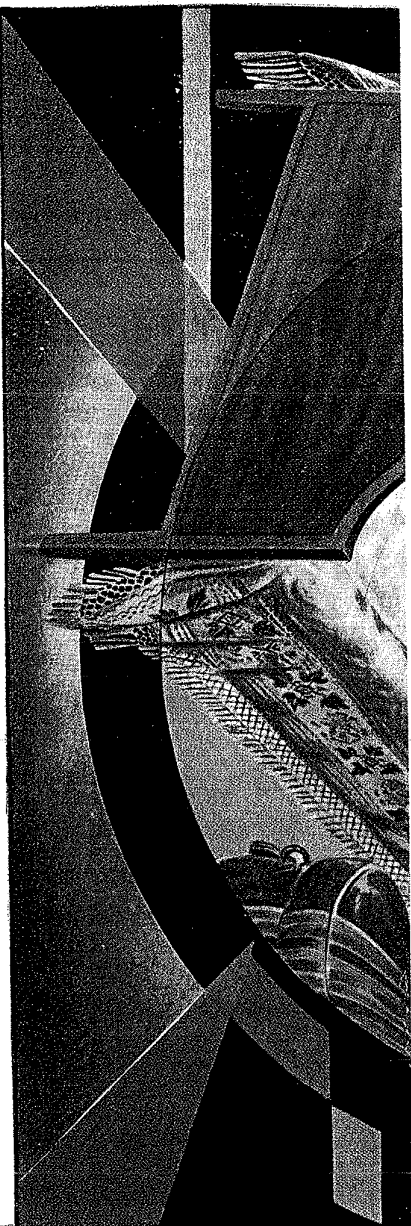
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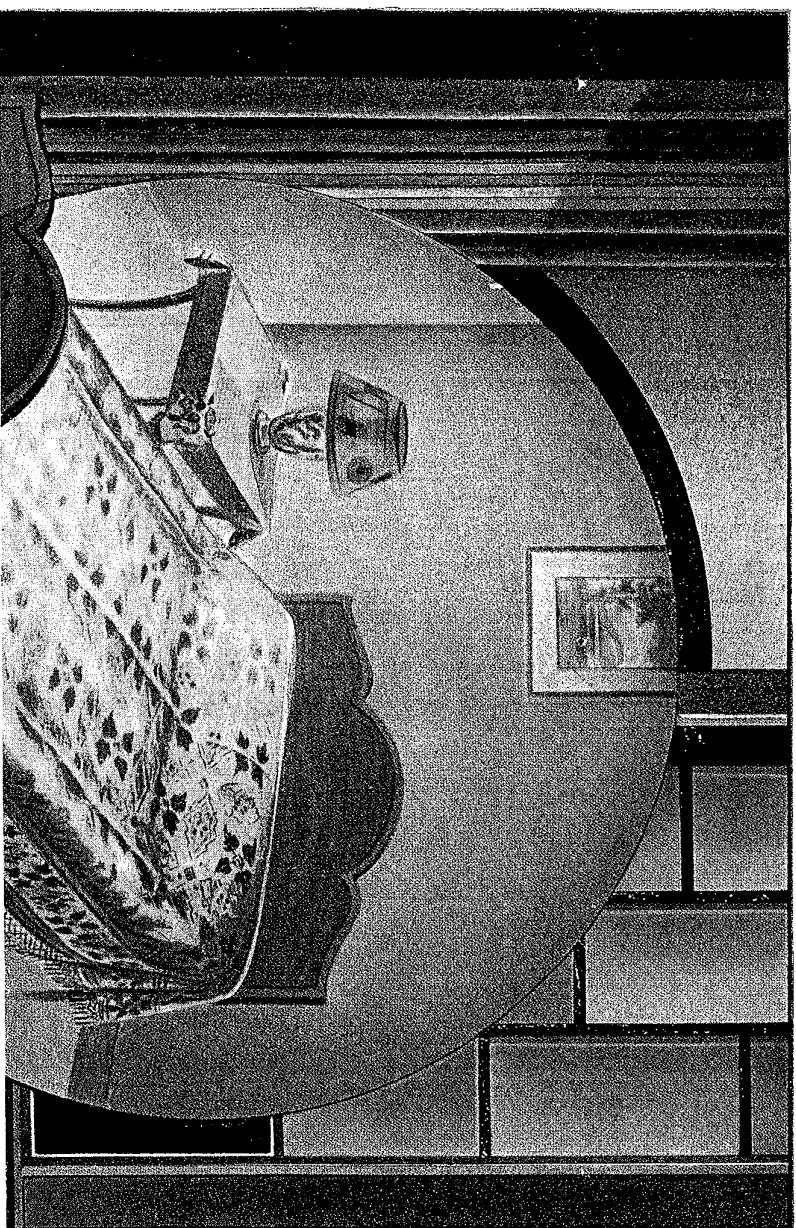
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BOMBAY PRESIDENCY NURSING ASSOCIATION EXAMINATION PAPER

FROM MISS T. K. CARANVALA.

MEDICAL NURSING

Time 10 a.m. to 1 p.m.

Tuesday, 5th March 1935.

1. What is Paraplegia? How would you nurse a case of Paraplegia
2. Write short notes on—
 - (1) Datura poisoning.
 - (2) Marasmus,
 - (3) Angina Pectoris.
3. What are the guiding principles in drawing up diets in different types of Bright's Disease? (Nephritis)
4. Describe a case of chronic heart failure, and measures adopted for its relief. How would you nurse such a case?
5. Describe naked-eye appearances of stools characteristic of various diseases.

(15 marks allotted to each question.)

Question 5. Describe naked-eye appearances of stools characteristic of various diseases.

Answer

Typhoid.—The typical stool of typhoid is loose, greenish, offensive being of the colour and consistency of pea-soup.

Cholera.—The stools are white, watery, with floating flakes of mucus, having the appearance of rice water.

Dysentery.—The stools consist of foecal matter with blood and mucus. In bacillary dysentery, there is severe diarrhoea with blood and mucus. Later the patient may pass pure blood, pus and sloughs per rectum.

Sprue.—The stools are bulky, whitish, frothy, liquid or semiformed and offensive.

Obstructive Jaundice.—The stools are clay-coloured, offensive and usually constipated.

Green Diarrhoea.—The stools are green, watery and offensive.

Any bleeding from the upper part of the alimentary tract gives the stools a tarry appearance, due to the blood having been acted upon by the digestive juices.

Ulceration of the rectum may give a coating of blood on the **faeces**.

Stricture or any growth in the rectum will cause the stool to be flattened (ribbon-like).

Cocliac Disease.—The stools are pale, bulky, unformed, greasy and offensive.

Excess of fats in an infant's diet causes the stools to be acid, light green in colour, greasy and offensive.

If there is an excess of carbo-hydrates the stools are frothy and acid.

If there is an excess of proteins the stools are alkaline with large yellowish or white curds, and are very offensive.