

blanks signifying the names of certain tunes, which were played through, in order, by the pianist, the competitors being requested to fill them in, thus rendering the story complete. This item was won by Staff Nurse Allan, who was presented with a Thermos Flask—a prize offered by Sister McReddie.

'Musical Chairs' afforded an uproarious fifteen minutes. By dint of much cunning and skilful manœuvring, Nurse G. Peacock proudly carried off the prize—a sterling silver pencil, given by Sister King.

A prize of a Compact Set was offered by Sister Burghall for the losing entrant of all the games. This was taken by Nurse G. Kishander to the accompaniment of much good-natured chaff.

Light refreshments were served to the guests throughout the evening, which proved to be an 'all round' success, and unhappily came to an end all too soon.

Prizes were given away for the games competitions held on the previous days, and were as follows:—

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| I. <i>Ping Pong.</i> | 1st Prize (Compact Set) S/N. Gabriel. |
| | 2nd Prize (Box of Toffee) S/N. G. Hands. |
| II. <i>Snakes and Ladders.</i> | 1st Prize (Box of Toffee) I. N. Choudhari. |
| III. <i>Ludo.</i> | 1st Prize (Box of Handkerchieves) Nurse E. Godfrey. |
| IV. <i>Carrom.</i> | 1st Prize (Cutex set) S/N. Adie. |
| | 2nd Prize (Box of Toffee) Nurse Stevens. |

After 'the King', three lusty cheers were called for Sister King, who lent her whole-hearted support towards getting up the entertainment and carrying it through to a successful close.

N. C. WADE,
Pro. Nurse.

THE MOTHERCRAFT SECTION

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

Leaflet No. 1 for Nurses.

Re-establishment of Breast Milk

1. If possible the mother and baby should come into hospital for routine treatment and test weighing. Failing this, weigh the baby directly before and directly after each feed for 24 hours, or a rough estimate may be taken by weighing the baby before and after the 10 a.m. feed and the 2 p.m. feed, usually a baby takes about half as much again at the 6 a.m. feed as he does at the 2 p.m. feed and the same amount at the 6 p.m. and 10 p.m. feeds as he does at the 10 a.m. feed.

Babies fed three hourly may be Test fed at the 9 a.m. and 12 p.m. feed.

Reliable scales weighing down to $\frac{1}{4}$ or $\frac{1}{8}$ of an ounce should be used, but not a spring balance.

Napkins, bibs etc. must not be changed between weighings.

2. If possible keep a record of the total amount of food taken in the day so that it is possible to check the increase of milk, and to know how much milk mixture the baby needs to make up the deficiency.

The complementary feeds must be in readiness and given directly after the breast feeds, they should not be too sweet or too strong, and are best given in a bottle with a light teat, otherwise the baby may refuse to suck the breast. A cup and spoon should be used for older babies.

3. The mother's health and diet should be considered. If she is anaemic, has a poor appetite or cannot sleep, a doctor should be consulted, and her teeth should be examined. See that her bowels are regular.

She should take a glass of cold water and if possible a raw apple one hour before her other food in the morning.

If there is any tendency to constipation try to right this condition with laxative foods such as—fresh fruit, stewed fruit, dried fruit, vegetables, especially green leafy ones, brown bread, brown sugar, whole cereals, raw medium oatmeal, nuts, etc.

If an aperient is necessary give 5–10 drops Parke Davis' Liquid Cascara Evacuant, small doses of ordinary Cascara, Liquid Parafin or any good mild laxative.

Warn the mother against Castor oil and Epsom salts as they dry up the milk.

The main causes of failure to feed the baby are :—Poverty, malnutrition, anaemia, lack of care at the confinement, getting up too soon, overwork, worry, the fatal habits of refusing to drink water and taking quantities of castor oil, feeble sucking of a delicate baby and irregular feeding.

4. The mother must drink plenty of water, one or two glasses should be taken every time the baby is fed and at each meal.

If possible $3\frac{1}{4}$ olocks or one pint of extra milk, and three good meals including congee, vegetables, fresh fruit, fish, eggs and meat (if religion allows it).

Cocoa, marmite and a little cod liver oil and calcium lactate are also beneficial.

5. Some outdoor exercise, a cool bath and midday rest should be taken regularly.

6. Stimulate the breasts by hot and cold sponging twice daily—have two bowls, one with very hot and one with very cold water, and a separate sponge or cloth in each, bathe each breast, first in the cold and then in the hot, moving quickly from one to the other, dry quickly with a rough towel and follow by massage.

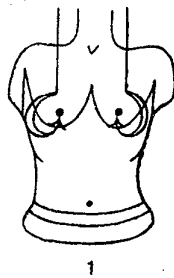
7. Sit at one side of patient's knee in order to face her, place palms of hands on her shoulders, and stroke firmly downwards out to side of breasts, under breast and upwards, never allow them to drop, support them with the hands and let them down gently.

Still sitting in same position put arms round patient, place palms on her back so that finger tips meet at her spine, stroke firmly outwards, under sides of breasts, under breasts and up to the nipple letting them down gently.

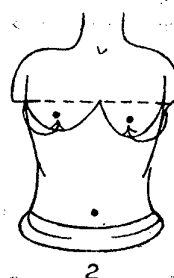
Support first one breast and then the other with one hand and stoke firmly and briskly in lines radiating from above and outwards towards the nipple.

Support first one breast and then the other and knead firmly with the clenched fist, radiating from above and outwards towards the nipple.

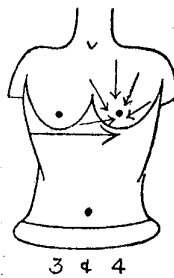
Let patient lie on a couch without a pillow, or stand behind her shoulder and stroke firmly from the waistline up under her breast to the nipple, particular care should be taken to use even movements and not to let the breast flop.



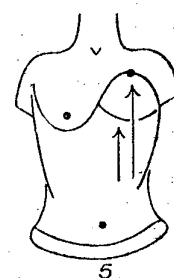
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Finish with the first movement. Do each movement five times, sponge for five minutes, massage for 10 minutes.

This treatment should be carried out between feeds, but never within half an hour after or before a feed.

8. A baby under 7 lbs should be fed three hourly but if he is bigger and has been fed four hourly it sometimes stimulates the milk glands to put him to the breast every three hours for one or two weeks.

Always feed from both breasts, beginning with the one he finished with at the last feed, unless he has a strong liking for one and not the other, then he should be fed first from the one he dislikes.

Feeding from one breast only at a feed frequently causes the milk to decrease through lack of stimulation. When both breasts are taken they so adjust themselves that both are thoroughly emptied. Until the milk increases, give only about 5 minutes at each breast as this may cause inflammation.

When he has finished, express any remaining milk by stroking the breast from above and around in a downward direction, then squeezing it just above the nipple between the thumb and fingers. Do this for five minutes only and receive the few drops of milk in a scalded vessel and add it to the baby's feed.

If possible keep a detailed record of progress, showing baby's weight, amount of milk sucked at each feed, amount of milk expressed, artificial food given, description of baby's motions, sleep, crying, vomiting, etc.

See that both mother and baby are in comfortable positions before commencing the feed, it is sometimes helpful to put the baby on a pillow.

If the mother cannot come to hospital or visit a clinic regularly, she should be shown how to express, do the hot and cold sponging followed by simple rubbing movements and told how much extra food to give the baby.

A good method is to teach a relation or friend how to do the massage strokes.

Much depends upon the psychological outlook of the mother but cases have been known where the milk has been fully re-established after the baby has been weaned as long as six weeks.

(To be obtained in leaflet form.)

A DIFFICULT BREAST FEEDING CASE

By SISTER ANN CARLETON, S.R.N.

Women's Medical College Hospital, Ludhiana.

Mrs. X was admitted to hospital a short time before labour began. Up to her seventh month she had had vomiting in the early morning and a feeling of nausea most of the day. But at the time of admission she showed no symptoms of anything abnormal. Though she claimed to be strong and healthy, she did not look robust.

The baby was small for a European, weighing just over 6 lbs. She was also very pale, but there did not seem to be anything abnormal about her otherwise. However, the very first day, she showed signs of sticky eyes, which, when the discharge had been examined, proved to be due to a mixed infection of streptococci and streptococci. How she got this infection we do not know, as we had had no septic cases for some time in the Maternity block. The next calamity that happened was that the mother developed cracked nipples, which were so painful that she hardly knew how to suckle the