

	Teas.	Tabs.	Ozs.
All Fluids	6	$1\frac{1}{2}$	1
Cod Liver Oil	6	$1\frac{1}{2}$	1
Cod Liver Oil Emulsions	6	$1\frac{1}{2}$	1
Granulated Sugar	6	$1\frac{1}{2}$	1
Lactose	8	2	1
Glucose	8	2	1
Cow & Gate	16	4	1
* And other dried Milk	16	4	1
Benger's Food	12	3	1
Mellins' Food	12	3	1
Robinson's Barley	12	3	1
Kepler's Malt Extract	4	1	1

* Different brands of dried milk vary very slightly in weight, to be absolutely accurate they should be weighed and measured in spoonfuls.

1 Madras Government Stamped Ollock (brimful) = $7\frac{1}{2}$ ozs. English Government Measure.

1 Small Pal Adai = Tablespoonful.

1 Small Tumbler (Madras) = Roughly 4 ozs.

1 Chattak (North-West Frontier Province) = 2 ozs.

1 Seer (North-West Frontier Province) = 2 lbs.

All spoonfuls of dry ingredients, etc. should be even and levelled with a knife.

WHAT A NURSE DOING ANTE-NATAL WORK SHOULD ALWAYS KEEP IN MIND

Ante-natal service falls into two categories, the medical and the educational:—

In both of them a nurse or well trained midwife can be a very efficacious helper; not only by saving the doctor's time by carrying out routine work, i. e. regular examination of urine and observing the patient carefully and inducing the woman to see a doctor at once when any symptoms occur, that need medical attention. The nurse must gain the confidence of the patient and give her time to hear all the minor problems that are heavy on the mind of the pregnant woman and that can be solved or at least be made much easier for the troubled expecting mother by a kind word of a nurse who has won her confidence. A woman who has confidence will much more appreciate the advice and follow it if she has the feeling that the adviser is really interested in her case, so make every pregnant woman you advise feel that you are personally interested in her case and she will thank you readily by following your advice.

Successful ante-natal work ought to convince the pregnant women of the need for it and in that way spread the knowledge among those as yet unconvinced.

General care of body and mind:—

The nurse who is doing ante-natal work must realise that her advice will be different for the different classes and kind of women. For instance you will have to induce a cooly woman to avoid hard work as far as possible, whilst on the other side you will have to persuade a better class woman that it is absolutely necessary to take exercise at all during the time of pregnancy. Make the well-to-do woman realise that 'going for a walk' in a car is no healthy exercise, on the contrary it may be harmful for her.

You must study the psychology of the pregnant mother before you recommend the distraction for the mind. The advice to a young woman in her first pregnancy will differ from that given to a multiparous woman.

As to the care of the body you must always realize that pregnancy is no disease but that the time of child-bearing is a stress during which all the systems of the body are tested sometimes to the limit of their capacity, and those in which there is already some weakness may break down. So you must have a watchful eye on the cardio-vascular, the respiratory, the digestive, the excretory, the nervous system, in short on the whole body. It will be useful to enquire about any serious diseases in the history of the patient (diphtheria, rheumatism, malaria, etc.) that may have given rise to organic diseases or weakness of a special system.

As to the care of the pregnancy itself, enquire about previous pregnancies and their results, miscarriages, premature or full-time labours: definite information of the natural and easy delivery of an average sized child is better evidence of pelvic capacity than can be given by pelvimetry. Still born foetus with its skin peeling would suggest examination for Syphilitic infection. This and also a history of repeated abortions make the inspection by a medical practitioner necessary. If there is any discharge make the patient see a doctor to make sure that it is not an infectious one. If the patient is anæmic induce her to see a doctor. The obstetric is the final part of the examination: find out the condition of breasts and nipples, the height of the fundus uteri and if possible presentation of the child. Examine legs and vulva for varicose veins and the feet for swelling.

As to the number of examinations: during normal pregnancy the woman should be seen every four weeks by the nurse during the first months and every fourteen days during the last two months. A urine test should be made at every inspection. She should be seen twice by a doctor, once in an early stage to make sure that there is nothing wrong with her own systems, once in the last two months to make sure that she and the baby are all alright. You must persuade her that she has to come and see you at once if she has slight symptoms of headache, sleeplessness, vomiting, swelling of hands or feet, vaginal discharge, bleeding. You must not frighten her but you must make her realise that these may be very alarming symptoms and you must get her to be seen by a doctor at once.

Whenever possible the woman should be induced to go to a hospital or nursing home for her confinement. It gives a better chance for mother and child than even the best kept private house.

For the advice to the mothers see the leaflet '*The Expectant Mother...*' but always realise that a spoken word will be more lively than anything that is read, so do not only distribute the leaflet to the mothers, but study it carefully yourself and explain it to the women who come for your advice.

DR. DEUSSEN ROSENTHAL,
(Organiser, Adviser, and Inspecting
Officer of all the Maternity, Child and
other Welfare Works, Mysore State).

BOOK REVIEW

Manual of Human Physiology, by Sir Leonard Hill, M.B., LL.D., F.R.S., Hon. A. R. I. A. Messrs. Edward Arnold & Co., 41 and 43, Maddox Street, London, W 1. Price 6s. 6d.

This engrossing book holds one's attention like a story of adventure and fills one with a desire to make the simple experiments described in it.

The subject is treated in a broad sense and made intensely interesting, instead of being presented as a series of dull lists illustrated with diagrams and it is a good book not only for nurses but also for senior classes at school.

When I bring you coloured toys, my child, I understand why there is such a play of colours on clouds, on water, and why flowers are painted in tints—when I give you coloured toys my child.

When I sing to make you dance I truly know why there is music in leaves, and why waves send their chorus of voices to the heart of the listening earth—when I sing to make you dance.

When I bring sweet things to your greedy hands I know why there is honey in the cup of the flower and why fruits are secretly filled with sweet juice—when I bring sweet things to your greedy hands.

When I kiss your face to make you smile, my darling, I surely understand what the pleasure is that streams from the sky in morning light, and what delight that is which the summer breeze brings to my body—when I kiss you to make you smile.

Translated from the original Bengali by the author.

RABINDRANATH TAGORE

(*Gitanjali*)

There is a violet reception room dedicated to this poem in the Osaka Red Cross Hospital.

Oh, Violet of the spring field
That bows its head so modestly
And yet blooms so sweetly!
Would that thy grace be transplanted
To man's heart.

The Empress Dowager of Japan.

She doeth little kindnesses
Which most leave undone or despise.

J. R. LOWELL.

Long hours of work, scant time for leisure, her weariness she must disguise; duty so often barring pleasure—she must be tolerant and wise. She must be cheerful midst much sorrow, find beauty where no beauty grows, and draw fresh strength for each new sorrow, this comforter of many woes.

She trudges here, she trudges there, in cold and heat, in sun and rain; disperses fear and halves a care, inspires new hope and lessens pain. Not merely nurse, adviser, friend, with understanding kindly ways, she labours hard unto the end and seldom hears a word of praise.

Yet where she goes tired eyes grow brighter. It is the Nurse! All will be well. Now troubles seem to grow much lighter, she's worked her magic,

cast her spell. She is 'the angel in the street,' whose work is healing of all kinds; nor does she deem her work complete if she ease not sad, troubled minds. *The District Nurse!* She does so much just by her tender human touch.

WILHELMINA STITCH.

A woman made a sacrifice of her life to tend the poor, and her beauty was increased tenfold.

ELIZABETH GIBSON.

ERGOMETRINE

The isolation of the new ergot alkaloid, Ergometrine, recently described by Dudley and Moir was followed by the commercial issue of the drug by Burroughs Wellcome & Co., London England, within the short space of three weeks from the first announcement of the discovery—(*British Medical Journal*, April 6, 1935).

The following preparations of the alkaloid are issued for therapeutic use:—

- 'Tabloid' Ergometrine, 0.5 mgm. for oral administration,
- 'Wellcome' Solution of Ergometrine, 0.5 mgm. in 2.5 cc. for oral administration,
- 'Tabloid' Hypodermic Ergometrine, 0.25 mgm. for intramuscular injection,
- 'Pypoloid' Ergometrine, 0.25 mgm. in 1 cc. for intramuscular injection,
- 'Tabloid' Hypodermic Ergometrine, 0.05 mgm. for intravenous administration,
- 'Hypoloid' Ergometrine 0.05 mgm. in 1 cc. for intravenous administration.

The alkaloid used in these preparations is of the high degree of purity associated with the firm's products and crystallises readily from a number of solvents as described in Dr. Dudley's later communication—(*British Medical Journal*, April 13). Ergometrine is characterised by the rapidity with which it causes contraction of the uterus and is used clinically for this effect during the puerperium.

Given orally, in a dose of 0.5 mgm. to 1 mgm., Ergometrine produces contraction after an interval of $6\frac{1}{2}$ to 8 minutes, the contractions being identical in mode of onset and general character with those produced by active liquid extracts of ergot. It may also be given by intramuscular injection, in a dose of 0.25 mgm. to 0.5 mgm., which produces strong uterine action in $3\frac{1}{2}$ to $4\frac{1}{2}$ minutes. Intravenously, in a dose of 0.05 mgm. a strong response follows in 110 seconds and in a dose of 0.1 mgm. in 65 seconds.

Ergometrine has a pronounced and more rapid action in a dosage smaller than that required in the case of ergotoxine. It is remarkably free from side effects.

Ergometrine is of particular value for routine oral administration after parturition. Ergometrine, for its immediate action followed by ergotoxine ethanesulphonate for its prolonged effects, would appear to be ideal for use during the puerperium.