

THE MIDWIVES' UNION SECTION



Hon. Secretary:—Miss D. CHADWICK, S. R. N.,
Government Hospital for Women and
Children, Egmore, Madras

Members are asked to report any helpful notes of cases, and send articles for this section to the secretary.

The Problems of a Nurse

A. E. CHAPPELL, L. O. S., C. M. B.,

A Pioneer Plunket Nurse of N. Z.

At one time Dr. Truby King had three babies, suffering either from malnutrition or diarrhoea, at the same time in his own house, looked after by Mrs. Truby King, with others to help, that he might have them under his own eyes and supervision. His success was such that more patients were brought to him than he could possibly deal with under present conditions. Finally he and his wife decided to devote their summer residence to the babies for one year. Out of his own pocket he paid all expenses and paid the staff, and the babies were taken free as they were the children of poor people. It was at this stage, I believe, when Lady Plunket first visited it and was enthused by the marvels which she saw taking place there in the transformation of skeleton babies into healthy, laughing, jolly children. It had not been smooth sailing for the Doctor. It was in his case, as it seems to be almost in every case when a man dares to do a new thing, or make a discovery, or accomplish something out of the usual. Like Dr. Harvey, who discovered the circulation of the blood, he was called mad by the medical profession of his day, yet his discovery revolutionized medical science. I was present at the unveiling of the statue of Dr. Harvey in the town where he had practiced. The Mayor who was unveiling the statue was an uneducated man, but made a good mayor, and he said, "This is the statue of the man who *invented* the circulation of the blood." Well! Dr. Truby King was also called mad by some of the medical profession; in fact, it was said to me on more than one occasion that he had lived so long with mad people that he had become mad himself. I do not wish you to misunderstand me and think I mean to imply that all the methods used by Dr. Truby King are his own discoveries. He would be the last to wish that to be understood. He has been like the bee which gathers honey from every flower. Any book by any writer in any land he has studied on the subject, and if any methods appealed to him he tested them for himself until he was assured they were correct or otherwise. In my personal opinion the system would never have been the success it became but for the help and encouragement of Her Excellency Lady Plunket. She threw the whole weight of her influence into the scales, and stood by him and assisted him in every possible way backed up by the Governor, but in a quieter way.

Rarely was the Doctor able to leave his post to lecture on the facts his study and experience had discovered, but Her Excellency and Mrs. Truby King did all they could to advance the cause. It was a great strain on the nerves of Her Excellency to address public gatherings. In fact, her physician told me that he often had to be called to attend her after she had spoken in public,

but still she pressed on. Committees of Ladies were formed all over the two Islands and they raised subscriptions for the training and support of the nurses in the different centers. They were enthused also over the great good which was being done. Of course it became quite fashionable to be interested and work for the cause in which Her Excellency was so keenly interested. For once at least, fashion was the means of spreading blessings. I have run a little ahead so must go back. At the time I was sent to train, the babies had been moved from the Doctor's summer residence to a small house in an ideal position overlooking Dunedin. There was plenty of sunshine and fresh air obtainable there. The house was only large enough for the babies, so those in training had to sleep in the stable which had been cleaned and lime washed and wooden floors put in and divided into rooms by some cheap arrangement. In my room the manger still remained and the ladder leading to the hay loft above, which also was turned into bedrooms. Part of our training was taken here and part under Dr. Truby King himself, for that we had to go to the Mental Hospital, and we were lodged at the nice and comfortable cottage for the convalescent women patients—five in number at the time I was there. He gave us studies in percentages, etc. to work out, and then would lecture to us at any time he could spare from other duties. So keen was he in instructing us, that he lost all sense of time and Mrs. King would have to send some one after him to remind him to go home for his meals. On one occasion three of us nurses were at his house, where he was giving us a lecture. His wife was out for dinner. When she came back about 10-30 p.m. he was still going strong. She had to remind him again and again how late it was before she could get him wound up enough to stop. He was so graphic in his descriptions that one could listen with interest for hours at a stretch, as we did that night. A very amusing thing happened one day.

I was sitting on the verandah working hard at the percentages when the matron brought the Government Inspector of Hospitals to see the patients, some of whom were at work on the verandah. The Junior Doctor was also with them. The Inspector smiled at me and said, "I suppose you are a Frisco scribe." I smiled back and said—"Yes! I suppose so". He then went to speak to the patients, and was just stepping off the verandah after the matron, when she said—"O! Doctor, Mrs Brown wants to go out," the Doctor stepped back and stood before the table where I was working. In surprise I looked up to see what he wanted, and as he still stood I continued to gaze at him steadily wondering what he was standing there for. Then he said in an impressive manner. "Yes! Mrs. Brown, you can go out." The matron and young Doctor burst into peals of laughter. He said agitatedly, "What's the matter?" "What's the matter?" It was sometime before they could control themselves to explain that I was not a patient. The patients themselves were highly amused in the evening when I told them the joke, sitting round a cosy fire in the drawing-room.

It seems some patients have a mania for scribbling as if their lives depended on it and they had christened it "a Frisco Scribe." So I being so intent on my percentages, made the Inspector think I was a Frisco Scribe.

THE STUDENT NURSES' SECTION

Hon. Secretary:—MISS L. N. JEANS, S. R. N., Government General Hospital, Madras.

The Student Nurses' Association seeks to provide nurses in training social and intellectual intercourse, assistance in their studies leading to professional qualification, and to teach them the organization of their own affairs. Units may be formed in any recognized training school; the secretary will be glad to supply information, and receive reports for publication in this section.

Model Answer

From "The Nursing Mirror"

GENERAL NURSING

Question 1.—Give an account of the nursing of a patient suffering from diabetes mellitus, including such treatment as you may have seen given for this disease

Diabetes is a metabolic disease, and those suffering from it are unable to burn up the fats in their dietary because the carbohydrate, which provides the necessary heat, is not consumed owing to insufficient secretion of insulin by the Islets of Langerhans in the pancreas. The nursing is largely directed to the selection of a dietary which can be metabolised by the patient without excessive production of sugar in the blood-stream, at the same time supplying sufficient calories to enable the patient to carry on his normal life. If the excess of sugar is only slight, the elimination of all sweet things, such as cakes, jam, or anything containing sugar from the diet, may be sufficient.

If not, the patient is weighed, his urine is tested for sugar and acetone; if much, then diacetic acid should be tested for also. A quantitative test of both urine and blood will be done, and a scheme, such as the "Line Ration" scheme drawn up by Dr. Lawrence, is prepared, which will give the patient sufficient calories per kgm. of body weight. A card is given to the patient whilst in hospital with a list of diets he may choose from, so that he may become familiar with the scheme whilst under treatment. The doctor in charge will order the insulin, which is given twice a day, half an hour before the two biggest meals of the day, and the larger dose is always given in the morning, so that if there is any danger of insulin coma resulting the patient will be able to have treatment at once, whereas if a large dose were given at night there would be the danger of ordinary sleep developing into coma.

The importance of keeping strictly to the diet card, the giving of the insulin, the precautions necessary for asepsis and symptoms of hypoglycæmia, and the necessity of keeping barley sugar at hand, are fully explained to the patient, or to the mother or guardian. A book of diabetic recipes should be supplied, so that the food may be as appetising as possible. All this is being taught to the patient while he is undergoing any necessary treatment, either for the condition or any of its complications.

If possible, the patient should be allowed to watch the preparation of his meals, so that he can become familiar with the importance of weighing and measuring the food and drink.

The great advantage of this line ration scheme is that the patient has quite a large and varied list of foods to choose from, which are easily selected according to the severity of his condition.

FRAGMENTS AND EXCHANGES

The following six steps are essential to a complete conference.

1. The assembling of facts.
2. The selection of facts.
3. The evaluation of facts.
4. The making of decisions.
5. The development of a plan.
6. The execution of a plan.

A conference proceeds through these steps by various devices as,

- (a) Questions.
- (b) Problems.
- (c) Cases.
- (d) Analyses

"... A good conference leader directs the thinking of the group by taking the members through the following steps:

"1. He puts questions chosen to arouse the group to state and discuss some difficulty they are having in their work. Indeed, he often starts a meeting by asking the group what difficulties they are having.

"2. He encourages a general discussion of whatever difficulty the group wants to discuss until the group as a whole sees the more essential characteristics of the difficulty, and until they can concentrate on fundamentals and forget the details.

"3. He asks questions which encourage the group to offer suggestions as to possible effective ways for meeting the difficulty.

"4. He encourages the men to criticize and evaluate every suggestion offered until the group sees the particular facts or procedures which promise to be most effective in overcoming the difficulty.

"5. He helps the group, through his questions, to formulate a plan for using the approved procedure, encouraging criticisms of the plan until the group is convinced it is the best possible general plan.

"6. He helps the group, through questions, to discover whatever modifications of the general plan are needed to meet the particular situations of those members of the group who want this help.

"7. He encourages the members of the group to tell how they propose to follow out the plan, and what results they think they can get. Thus, the leader gets individuals to go on record before the group so that they are often ashamed not to try the new plan. At times he may get individuals to promise that they will use the new plan.

"8. At subsequent meetings he gets the men to report the results of their experiences with the new plan. This enables the successful ones to get the additional satisfaction which comes from showing their ability. The follow-up discussion enables the unsuccessful ones to get additional help, especially the comments of the successful ones. The leader may direct a discussion to formulate a new plan for the unsuccessful ones, using the experience of the group.

"G. At the follow-up meeting the leader encourages discussion of the use of the new plan as long as the group finds this topic is interesting. When interest lags, the leader directs the discussion to another problem which is treated in the way summarized."

"Staff Conferences." Pacific Coast Journal of Nursing

Under the Municipal Doctor System, twenty rural communities in Saskatchewan, Canada, levy taxes of \$7 to \$10 a family to engage the services of full-time physicians at annual salaries ranging from \$3,000 to \$5,000.

1931 is the 100th Anniversary of the discovery of chloroform.

The X-Ray X-Pert

He offers you a cocktail
Of whitewash, that I think
Will fill you like a picnic spread
With fizzy things to drink,
Then dons his rubber gloves to feel
What happens to this whitewash meal.

Your chest he next examines
To see if it's in place,
And then takes pictures of your spleen,
Your gizzard and your face.
He photographs your lungs and bones
And looks for gall and kidney stones.

He stands you up and sits you down,
Or hangs you on the wall,
And by the time he throws you out
You can't fool him at all.
No matter what you try to do,
The game is his, he "sees through you!"

MARGARET FLORINE, R.N.

"Something new in marine hospitals made its bow to the world in May when the "Empress of Britain", of the Canadian Pacific line, steamed for Quebec on her maiden voyage, carrying below decks a medical clinic designed on metropolitan lines, complete even to hydro-therapy and dental surgery and capable of meeting the medical emergencies of 1,500 passengers and crew. An operating theater, a hospital with delivery room, an isolation hospital, a dental department with surgical room, an ultra-violet ray room, and a Roentgen-ray room, are grouped in units around the large waiting room for patients and the consultation rooms of the doctors. The nurses are veterans of the Atlantic service. To complete the picture, those two details without which no modern hospital apparently can operate—flowers for patients and

telephone calls from anxious relatives—are provided for, the telephones connecting with the transocean telephone exchange, so powerful it can talk directly on short wave transmission to any telephone instrument in the world, the calls going through London, Montreal, and New York, via long distance."

Public Health Nursing, July 1931.

"I have recently devised a protective mask which is not only cool and comfortable but also impermeable and capable of stopping any spray or moisture? The mask consists of resistant paper waxed on both sides and in the fold of each mask there is sealed a fine flexible copper wire. Any mask will fit any face. To apply it properly requires only that one extend the ends of the wire, place the mask low over the nose and hold it horizontally against the cheeks, bend the ends of the wire firmly behind the ears, and then press the wire and mask against the sides of the nose. The mask is thus held in contact with the nose and cheeks throughout its entire upper length. Spectacles can never become steamed. It is so light that it is hardly felt, yet it is held firmly in place. Its lower edge hangs free in such a position that it just clears the gown when the head is flexed and turned. The breath is reflected downward and laterally close to the body."

H. B. MELLINGER, M.D. in *American Journal of Nursing*, August.

"Happily, nature taught us how to use the diaphragm. Infants breathe correctly; so do sleeping persons. When we grow up or wake up we allow inhibitions to restrict free diaphragmatic action. A good way to re-educate your diaphragm, once it has gone wrong, is to lie flat on your back, discard the cares of the world and let the great muscle work naturally. If you do this until it becomes a habit you will breathe this way on your feet. The always spectacular Jeritza, whose operatic performances usually have a touch of the acrobatic in them, has made it a point from time to time to sing a favorite aria lying on her back. She says she learned to sing in that position."

"Take a Deep Breath," BY HELEN DURHAM in *Readers Digest* Aug., '31.

"It is only with renunciation that life properly speaking can be said to begin."—*Carlyle.*

Self-sacrifice transforms the discipline of life into a school of character.

"Men that have all their time sacrificed to themselves become in the end themselves sacrificed to the inconstancy of Fortune whose wings they thought by their self-will to have pinioned," for self-seeking is weakness, self-sacrifice alone is greatness. "Go where thou wilt thou shalt not find a higher way above or a safer way below."

An indestructible reverence for whatever holds of God has inclined men to do much; only by self-sacrifice is the evil poisoning the world to-day overcome.

"By living for others alone, we attain our own bliss." "There is no fastening of a diadem but with the sharp embroidery of a thornset stem. *Difficilia quae pulchra.*"

"The flames of self-sacrifice can illumine as well as consume."

"Self-sacrifice through conflict reaches happiness."

"Unless virtue guide, our choice must be wrong."—*W. Penn.*

Certain movements and monitions of the soul man recognises as Divine.

"It is often said that second thoughts are best—so they are in matters of judgment, but in matters of duty first thoughts are commonly best—they have more in them of the Voice of God," which directs work in the right direction, leading men on from what they know to what they ought to know.

"Do what you feel to be right and men will follow you in the end."—*Florence Nightingale.*