It is only possible for us to put out tablets at the rates we do since our support is made up by the Missionary Society; thus we are able to make a small profit which helps us in doing District Medical Work, and at the same time improve our equipment and secure new stocks of drugs.

Knowing the sorry condition of the sick in the villages of India where so many must suffer from all sorts of sickness with very little real medical help, we have recently prepared a small book on Diagnosis and Treatment of Disease, putting it up in as simple language as possible so that any Christian worker in the village should be able to use it. It also tells of the uses to be made of some two dozen of the tablets we are distributing. Cloth bound copies are available at Re. 1 per copy or in paper at twelve annas. However, with all orders for Rs. 15 of tablets, if request is made for it, we shall be glad to enclose a paper bound copy free.

(Any nurse passing through Vikarabad will find it very interesting to visit the Medicinal Tablet Industry here. I am sure that many Nurses in India are working in very small stations where it is difficult to have medicines dispensed and so I would suggest that they give the Vikarabad Tablet Industry the opportunity to serve them. The leather cases containing bottles with compressed tablets would be very useful when travelling or camping. I have found it so.)

F. Weston.)

DIET IN ADDISONIAN ANAEMIA

From “the Nursing Times”

TWO cases of Addisonian anaemia, treated with the Minot-Murphy diet, reported by Dr. Anderson and Dr. Spriggs in the “Lancet” for November 5. This disease, they say, calls for Heraclean courage on the part of the physician. Any measure, therefore which helps in the fight against it is worthy of consideration and wide trial. Minot and Murphy in America have described a diet which has given good results in their hands, the improvement lasting in certain cases as long as three and a half years, which is the length of time the treatment has been in use. Briefly, they give large amounts of mammalian liver cooked and raw, with plenty of vegetables and fresh fruit, but little fat. The method was brought to the notice of the writers by a letter from a former dietitian at Ruthin Castle who accepted a post in the Massachusetts General Hospital, Boston, and to whom fell the duty of administering the diet in a number of Dr. Minot’s cases; she published a paper setting forth the diet tables and cookery which had
been found most useful. The dietetic treatment may be summarised as follows:—

Mammalian liver essential: Calves', beef, pigs, from 90 to 240 g. (3 to 8 oz. cooked weight) daily.

Encourage: 1. Kidneys. 2. Chicken livers. 3. Red meat (without the fat)—beef, lamb, mutton, calves' or ox heart. 4. Fruits (fresh, tinned or dried, up to 12 oz. a day): oranges, grapefruit, raisins (steam until soft before serving), prunes, strawberries, peaches, apricots or pineapple. 5. Vegetables (cooked or raw): lettuce, cabbage, spinach, tomatoes, asparagus or other vegetables.

Permit: One egg, milk (half-a-pint), tea, cocoa. Toasted wholemeal bread, plain biscuits. Potatoes, macaroni; cereals. Sugar not to exceed 20 g. (¾ oz.) a day. Pickles, relishes, salt and vinegar. Poultry, Fish, Shell-fish.

Avoid: Fats, not to exceed 70 g. (2½ oz.) a day. Bacon, Pork, Butter, Cream, Cheese. Oils, olive oil in dressings, etc. Nuts.

The liver was taken lightly roasted; almost raw in sandwiches, underdone in soup, or as a cream.

Two full days' diets are set out hereunder:—

Diet 1.—Breakfast: Fruit juice; porridge; boiled egg; toast, butter, marmalade; coffee, milk. 11 a.m.: Raw beef and liver sandwich. Lunch: Fried liver, onion and tomatoes; macaroni; spinach; salad; fresh fruit; toast. Tea: Biscuit; jam; fruit; fruit salad and raisins. Dinner: Vegetable soup with scraped raw liver; under-done chop or steak or liver; rice pudding with raisins; orange salad or fruit.

Diet 2.—Breakfast: Fruit; porridge; toast, butter; coffee, milk. Lunch: Fried liver; tomato; onion; green vegetables; rice pudding with raisins; stewed fruit; toast, butter, milk. Tea: Biscuits; jam; fruit; tea and milk. Dinner: vegetable soup with raw scraped liver; fish; meat or liver dish; green vegetables; milk pudding; stewed or fresh fruit.

In the opinion of these physicians their patients have improved more definitely and rapidly than is usual and it is their belief that the diet has given valuable assistance and should be encouraged in other cases.

Referring to this discovery in a paper read at a meeting of the Newcastle and Northern Counties Medical Society, Dr. J. C. Spence said it was a beautiful example of the application of the scientific method to a clinical problem, and had yielded a result which would rank as one of the most important discoveries in medicine in recent years. It had a greater significance than the mere provision of a cure for pernicious anaemia, for it would probably throw fresh light on physiological processes, both in the liver and in the generation of blood cells. He described the
results of using a liver diet or an effective liver extract in 20 successive cases of pernicious anaemia, which had been treated in the Newcastle Infirmary since the beginning of the year. The results had merely confirmed those of Minot and Murphy. In 19 cases there had been a prompt and rapid rise of red blood cells with quick improvement of the patient’s general condition.

CARE OF PREMATURE INFANTS IN THE HOME

BY MISS M. SIMON, H. V. L.

(Continued from Health Visitors’ League Page in December 1928 Journal)

To continue our conversation about premature babies. We have now to consider their Clothing and Feeding. As I said last month, we should not be in a hurry to dress our “prem” at all, and, when it is done, it should be moved about as little as possible. A little coat made of gauze—the tissue is best. The tissue should be divided and one side covered with a piece of gauze—this keeps its shape so much better than loose pieces of wool inside a vest. Cut it out just as you would a Magyar-shaped Kurtae with long sleeves, and sew up the side and under-arm seams cutting an opening down the front, which may be fastened with tapes. Long woolly socks, a woolly cap or a piece of divided gauze tissue shaped like a bonnet, a light shawl or old blanket are all the clothing necessary, provided the bedding is suitable, i.e., light and warm.

A soft napkin may be wrapped round the lower limbs, but squares of wool should be laid inside to receive motions and urine, which can be easily removed, without changing the napkin, and thus disturbing the baby frequently.

Premature babies become chafed very easily, and should always be washed with oil when they soil their lower parts, and it is a good plan to rub the buttocks well with spirit once a day, powdering afterwards. Many of these little attentions cannot, I know, be achieved in a poor home.

Scrupulous cleanliness of bed, bedding and clothing is essential.

Now we come to the all important questions of Feeding. It must be remembered that, just as the premature baby’s body and vital powers are not fully developed, so is the digestion and absorptive capacity less than that of a fulltime baby, and a false step may cost the tiny thing its life. At all costs we must try to secure mother’s milk for it.