There is one thing more to remember in advising women as to what food to buy or to grow for their family, and that is that after a starchy meal, such as one, the main part of which has been chappattis, a piece of raw hard fruit should be given to the younger members, which will cleanse the teeth and prevent the starchy food remaining on them.

Such starch causes an acid to be formed which will eat into the enamel of the young teeth and thus start decay.

MIDWIVES' UNION SECTION

A Case of Eclampsia

H.—Mohd. Age 16. Primipara. Full term. Admitted 12th May, 1929.

Ante-natal history, Constipation, severe vomiting at 5 and 6 months, severe headache and twitching of muscles at 9th month; no difference in amount of urine noticed.

Patient was admitted at 5 p.m. with severe convulsions at intervals of 4–5 min. lasting for ½–1 min. uterus was contracting regularly and vertex presenting; the relatives said that pains had started at 12 o'clock and that Pt. had had 14 fits at home.

Morphia gr. ¼ given and chloroform administered; catheter specimen of urine taken, which was almost solid on boiling. P.V. examination—os admitted 2 fingers.

Saline bowel wash-out—2 gallons given.

Taken to Labour Room at 6 p.m. membranes ruptured, cervix dilated manually.

Internal Version performed and stillborn male child, weighing 5½ lbs. extracted.

Subcutaneous saline 2 pints with Soda Bicarb 2 drs. given.

Stomach wash out with Soda Bicarb—10 ozs. of Sol. Sod. Bic. and Mag. Sulph. 1 oz. left in.

Pt. taken back to ward at 7-30 p.m. had one fit at 9 p.m. still comatose.

10 p.m. T 104. P. 130. Sulpharsonal 30 C. S. intra-muscularly.

1 a.m. Slight fit.

2 a.m. T 103 P. 120. still comatose; incontinence of urine—about 10 ozs.

6 a.m. T 101 P 129. very slight convulsion still unconscious.

Murphy Drip with—saline 1 pint. Glucose 1 ozs. Sod. Bic. 1 dr. given 4 hrly.—retained.

10 a.m. Pt. regained consciousness, but very restless. Chloral grs. 30, Bromide grs. 20 given; half dose repeated 4 hrly. T. 102. P. 140 Soda Bicarb enema followed with Murphy Drip given 4 hrly. Water only by mouth. 24 hours urine 20 ozs. Albumen decreased in quantity.

14th T. 98. P 100. Pt. conscious, quiet, no fits. Urine measured 24 ozs. trace of albumen. treatment of 13th. cont. Chloral and Bromide reduced to half dose.

Pt. complained of headache; wanted food.

15th T. 97. P. 94. 4 p.m. 99 8. P96. Sedative discontinued. Mag. Sulph. 2 drs. B.D.

Enema daily. Milk 2 ozs. Water 2 ozs. 4 hrly. Plenty of water to drink.

Urine measured 4 pints. No albumen. Still complains of headache. sleeping well.

16th T. Normal P 84–96 Milk 4 ozs. 4 hrly. Barley water Ad Lib. Fruit juice.

Urine measured 4½ pints. No albumen. No headache.

18th T.P. normal. Green vegetables, sago in small quantity milk.
Urine measured 4 pints. Trace of albumen. Diet slightly decreased.

22nd Pt. discharged. No albumen. Light diet and saline aperients advised.
Uterus well involuted, Lochia normal.

Microscopic exam. of first specimen of urine, showed an abundance of Granular casts, Amphorus crystals, a few renal cells; no organisms.

28th November, 1929. Pt. came to A.N. Clinic with history of 2 months Amennorhea, severe headache; said she had had 2 fits. Urine exam.; No albumen; refused admission; decrease in diet advised; Trisodium Powders given.

4th February, 1990. Uterus 1 in. above S.P. Severe headache. Urine normal.

17th March, 1930. Uterus at Umbilicus. Movements felt. headache less. No albumen.

5th May, 1930. Uterus ¾ above Umb. Position L.O.A. F.H. good. slight headache.

No albumen. Pt. appeared very well.

18th June, 1930. Normal Labour at home; Male child 7 lbs. No complications during puerperium.

FRAGMENTS, FACTS AND FANCIES

Dr. Helan Mitchell of the Nutrition Laboratory, Battle Creek Sanatorium finds the Papaya a most valuable fruit. It is notably rich in Vitamin A, and contains Vitamins B, C and D. Its use in Osteo-malacia ridden areas would seem to be indicated.

A survey made by an Insurance company on the American Continent finds the cost of rearing a child to the age of eighteen in a home averaging $2,500 yearly income to be; cost of being born, $250; food $2,500; clothing and shelter $3,400; education, where books are free, $50; health $284; recreation $130; insurance, 54; sundries $570; total $7,238.

"Public health authorities are responsible for the estimate that more than $480,000,000 can be saved annually in Canada by the application of the available knowledge about preventative medicine and public health. This great loss represents the productive value of those affected. On account of illness the average Canadian loses seven days a year."

"If I could give you information of my life, it would be to show how a woman of very ordinary ability had been led by God in strange and unaccustomed paths to do in His service what He has done in her. And if I could tell you all, you would soon see how God has done all, and I nothing. I have worked hard, very hard, that is all; and I have never refused God anything." Florence Nightingale.

"In a cancer clinic it is amazing to see the number of patients who have treated themselves over months or even years with tincture of iodine, carbolic acid, silver nitrate, and myriads of lotions, pastes and salves. None of these remedies has ever cured a case of cancer. Many have acted as irritants and made the cancer progress more rapidly." Dr. R. H. Kennedy, 'Cancer of the Skin' in "Am. Jour. of Nursing." June, 1930.

"The Pacific Coast Journal of Nursing", for many years a sixty-four page magazine, has been obliged to expand itself, and will now consist of seventy-two pages. It is a well gotten up Journal, printed on a good quality of paper (a pleasing feature in any magazine) devoted to the interests of nursing in general, and to those of the Pacific Coast in particular. Congratulations!

Suggestions Invited

I am anxious to hear from the private duty nurses. I believe it will be very interesting and instructive to put down on paper some of our outstanding experiences. We had a cooking school at our Community Center in January, where we learned that "people eat with their eyes." How much more do sick people! My next patient had soft diet and was especially fond of fruit, so it was easy to plan her meals. Her three children would stand around the table to watch me and see whether I cut the toast in triangles, cubes, diamonds, or made a log cabin of strips of toast. One day her smallest son thought of making a butterfly out of cooked figs for the top of a dish of custard, so we did, to the extreme delight of the patient. Bright colored paper napkins, artificial or fresh flowers, a dainty decorated dessert, all help to furnish some surprise. Maraschino cherries, gelatine, cooked carrots, dates, figs, cocoanut, pimiento, hard-cooked eggs, parsley, lettuce, celery, green beans, cottage cheese, marsh-mallows and molded custard all lend themselves to designs in garnishing food. A little experimenting can make a simple dish look unusual and, above all, tempting. Beverages may be made snappy by the addition of gingerale, if permitted, and flowers, such as nasturtiums, sweet williams, violets, or bits of fruit if preferred, may be frozen into the ice cubes. Unique glassware, dainty, crackled or frosted, make the tray more pleasing. Fruit eggnogs, egg lemonade, egg malted milk, iced fruitades, have a better flavor if sweetened with syrup.

Indiana M.E.B.

Wouldn't you just love to have M.E.B. to nurse you. This letter is from the Open Forum of "The Am. Jour. of Nursing" for June. Just these little touches, over and above the general care and nursing count for so much, in helping the patient to forget the poor appetite and the pains, incidental to his illness.

Bites, Insect and Reptile

"Scorpion Bite! Well that looks familiar," I commented as I read the day's Emergency Cases in the Out-Patients clinic at a very well-known hospital in New York.

"Good night! Why didn't I think of you," returned the Senior House-Surgeon. "Say I've called up the Health Department, the Rockfeller Institute

and every one I could think of to try to find out the proper treatment for scorpion bite, and nobody seemed to specialize along that line. What do you do in India?"

I told him, and then asked, "What did you do?" "Well, he was in a lot of pain and his hand was badly swollen,—he was unloading bananas for the United Fruit,—I admitted him and gave him a quarter of morphine and left orders for hot boracic fomentations."

What do you use? Potassium permanganate and tartaric acid? Tincture of Iron? Electric current. Let's have some data on scorpion, snake, wasp, and other bites. For ourselves exchange of ideas with regard to treatment will be appreciated and for those farther away, where such "varmins" are less commonly met with, it will be helpful.

What will relieve or check "prickly heat?" and will anyone volunteer a remedy for "hives" other than soda bicarb, which in the case of "Inquirer" does not help. An article on Urticaria, would be timely, if any of our readers would undertake to write it.

Insanity Increase among Labourers

MADRAS CONDITIONS

MADRAS, *July 24th.*

General labourers and cultivating tenants topped the list of admissions in the mental hospitals of the Madras Presidency last year.

1740 ADMISSIONS

The total population of the three mental hospitals at Madras, Calicut, and Waltair, during the year was 1,740, 1,323 males and 417 females, as against 1,595, 1,216 males and 379 females, in the previous year. Of the total treated 183 were cured, 48 improved, 46 discharged as not improved, and 33 discharged otherwise. Eighty-seven died and 1,343 remained at the end of the year.

Of the inmates admitted and readmitted during the year 28 were under twenty years of age, 343 were between twenty to forty years, 116 were between forty to sixty years, and ten were above sixty years. As in the previous years the number of inmates between the ages of twenty and forty was the largest.

Calcutta is by no means unique with reference to the nursing situation. The following excerpt taken from the Editorial, "Hospitals in Calcutta" of the July 31st issue of the "Statesman" applies to the hospitals of India.

Hospitals in Calcutta

Material for much heart-searching on more than one problem is provided by the address of the HON. KUMAR SHIB SHEKHARESWAR RAY upon "Hospitals in Calcutta." Such after-talk as there was could only touch the edge of the difficult questions that arise. With almost infinite difficulty the Indian has been educated to understand and use the benefits of hospital treatment. Now that he does understand he puts a strain upon the existing accommodation altogether beyond what it was intended to bear. There are too few hospitals, too little money for maintenance, medical staffs insufficient for the work, and nurses who in numbers fall far below what is required. The solution of that situation is not one wholly of money. Were the buildings, the endowments and the doctors provided we should still break down when we came to the provision of sufficient nurses, who are the very foundation upon which modern medical treatment rests. The nurses in Calcutta are splendid, but there are not

enough of them, and the sources from which they are now drawn are not capable of much expansion. India can never obtain a big enough nursing force if she is to continue to rely upon European and Anglo-Indian women. The women of India must provide the raw material of the nursing profession. That requires a change of mind on the part of the Indian community, a recognition on the part of educated Indian ladies that there is a call for their services and that nursing in their hands can be made the noble profession that it is elsewhere.

FOR THE QUIET HOUR

Six Questions

[NOTES OF ADDRESSES GIVEN AT N. M. L. CAMP BY MISS MACFEE]

"*Where art thou?*" (Gen. iii. 9).

There had been close intercourse between Adam and God, and then something had happened, a gulf had come between, and he was ashamed to meet God. The something was sin, disobedience, the doing of something known to be wrong. God is asking each of us, "Where art thou?" Is there a gulf so that He misses us from the union there should be? We all do the things we ought not to do, and leave undone the things we ought to do, and so the gulf comes. We must each face out for herself what it is. Perhaps one of the greatest gulfs is formed by self-sufficiency, lack of humility, the certainty that we are right; especially when we are in positions of authority, let us make sure that it is *God's* way, not ours, that we are seeking. Or it may be bad-temper, or irritability, so terribly easy is very busy lives. Or there is the whole field of lack of love in thought, word or deed. Where art thou?

"*What dost thou here?*" (1 Kings xix. 13).

Elijah had stood for so much, done so nobly, and then he utterly failed, deserted at the moment of supreme need. We, too, have had great opportunities, many blessings. Are we where we should be, not physically (though perhaps we may not be in the place of God's call), but spiritually? What doest thou here, on the lower plane of life, perhaps shirking some bit of witness by word or deed? Why did Elijah fail? Perhaps because he had not allowed his religion to go deep enough, to touch his inmost heart and life. Perhaps, too, it was because he had allowed one proposition in his life with which he did not believe that God could deal. He was prepared to trust and obey God in face of famine, of the furious king, of the priests of Baal; but Jezebel—no! She represented one bit of life where his trust broke down. Are we like this? Is there some person, some circumstances, some bit of character which we do not believe He can influence and control? We say so-and-so is "impossible"; that we "cannot help" this or that. What doest thou here in this disbelief?

"*Can these bones live?*" (Ezek. xxxvii. 3).

When Ezekiel faced the valley of dry bones, it was the most impossible proposition in the physical world. Are we perhaps facing an "impossible" proposition in the spiritual world? But the solution, as Ezekiel proved, *is* possible with God. The question is whether we are going to let God work the miracle. Ezekiel had to do his bit by calling to the wind to come. We have to do our bit, by utter trust in all that Jesus Christ has done for us, and by putting ourselves into His hands for Him to work in us.

"*Who say ye that I am?*" (St. Matt. xvi. 16).

Jesus Christ had just asked another question, "Who do men say that I am?"—a very awkward question, for men were saying all sorts of things, that He was beside himself, "a gluttonous man and a winebibber," a companion of sinners. The disciples had answered with the better rumours; and then He asked, "Who say *ye* that I am?" It is a practical, personal question, on which hangs all our religion. It is a burning question in the world to-day. The Bolshevik world calls Him an impostor; the Mohammedan world says He has been superseded by Mohammed; the materialistic world ignores Him. But a great and growing multitude reveres Him as the greatest Man who ever lived. It is wonderful how in recent years His life has attracted men. To quote an Indian philosopher from Stanley Jones' "The Christ of the Indian Road": "Jesus is the highest expression of God that we have ever seen. He is conquering us by the sheer force of His person even against our wills." The question comes to each of us; what is our answer? Is it in the words of the hymn: "Jesus, my *Lord*, my *God*, my All, hear me blest *Saviour*"? Are we prepared for the implications of such a belief? To call Him "my God" implies that we render Him our worship and adoration, putting Him on the throne. "My Lord" implies that He has the right to command and control, that we owe to Him allegiance as a slave to his owner. "My Saviour"—we think of His life of service, of His agony in the Garden, of His death on Calvary, of His amazing love, going to the uttermost limit to bridge the gulf between God and man. We could never bridge it from our side, but He bridged it from God's side and brought us back into union with God. Let us be very sure that we are accepting Him as our Saviour, letting Him blot out our faults and failings and allowing Him to work in our lives.

"*Lovest thou Me?*" (St. John xxi. 15).

Here is a most searching question, suggesting an even more intimate relation—Jesus Christ, my Friend. St. Peter had failed, and his Friend knew that the only thing strong enough to help him and keep him in the future was love and devotion to Himself. The facts that we believe about Him are not as important as our personal attitude to Himself. Have we given Him our heart's devotion, allowed His love to conquer in our lives? Are we willing to go all lengths in our devotion to Him? No other motive will be strong enough to enable us to serve.

"*How many loaves have ye?*" (St. Matt. xv. 34).

Our love must find its outlet in service; what have we to offer to Him? There is our education, your profession; will you not think out how you can make the best use of it, how you can make it the greatest possible power for Him in the world, never allowing in it anything but the very best? There are, too, all our gifts and talents and possessions, all ours in order that we can use them to the utmost for Him. There is, too, our time, our leisure, great or small; are we giving a due proportion of it to communing with Him and learning for Him? Above all, there are our characters, all that we are, our whole attitude in daily life; the biggest thing we have to offer to Him so that He may make them reflections of Himself. Do we feel that all this is utterly inadequate to the world's need? Yes—but so were the loaves and fishes. In His hands, if yielded to Him, they will be amply adequate to the situation. We may reverently say that He needed the offering of the loaves and fishes in order to feed the multitude. He needs our offerings to-day, for this is His means of winning the world to Him.