

In closing we will quote a few thoughts from the *Public Health Nursing Journal*:

"It was Sir George Newman who described the functions of public health as building a better tabernacle for the soul of man to inhabit, and I think it is well to remember that objective, and to realize that it cannot be accomplished by money or buildings, or laboratory technique alone. It must be had by carrying this quality of personal understanding into the crude, material standards of our times."

Sir George Newman in turn quotes Dr. Osler: 'There is no place for despondency or despair. As for the dour dyspeptics in mind and morals who sit idly croaking like ravens—let them come into the arena, let them wrestle for their flesh and blood against the principalities and powers represented by bad air and worse houses, by drink and disease, by needless pain, and by the loss annually to the state of thousands of valuable lives—let them fight for the day when a man's life shall be more precious than gold. Now, alas! the cheapness of life is every day's tragedy!'

If in the memorable phrase of the Greek philosopher Prodicus—that which benefits life is God—we may see in this new gospel a link betwixt us and the crowning race of those who eye to eye shall look on knowledge, and in whose hand nature shall be an open book.'

Yours in Service,

AGNES DUNN.

MIDWIVES' UNION SECTION

The Feeding of Infants

The feeding of infants is one of the most difficult subjects to write about and one in which no hard and fast rules can be laid down.

The weight of babies at birth differs—and their stomach capacity varies—as also does the strength and capabilities of their digestive organs, and the rate of growth.

It must always be borne in mind that an infant's digestive organs are the weakest, or perhaps it would be truer to say the most delicate part of its mechanism, and we must safeguard the same. There is absolutely no doubt at all that the best food for a baby is the milk provided by nature in the breasts of its mother. It is special milk for each individual child. The nurse must always encourage and even insist on a mother feeding her baby unless it is contra-indicated for some very definite reason. In India amongst Indian women there is no difficulty at all, since to the majority of women it would not be possible to do otherwise than breast feed for economic reasons. The mortality rate of infants in India is very high compared with other countries, yet it would be considerably higher if breast feeding were not carried out in

the manner it is. After the birth of a child and the mother has had a rest, the baby should be put to the breast and allowed to remain from 5 to 10 minutes. This should be repeated

6 hourly during the 1st day

4 " " " 2nd day and

3 " " " 3rd and subsequent days

when the milk will be established. The reasons for so doing are:—

1. To enable the baby to get colostrum—an aperient which expels meconium
2. To clear the milk ducts and so prevent engorgement
3. To stimulate the glands to secrete milk
4. To stimulate uterine contractions—causing normal involution of the uterus.

If a baby cries much, water may be given.

After the milk is established in the breasts—the child should be fed regularly 3 hourly during the day, giving the last feed at 10 or 11 p.m. and if possible, the next feed about 6 a.m. This is in the best interest of both child and mother since the digestive organs of the infant need rest to renew their vigour, and the sleep is essential to both. It stands to reason that if a mother is awakened day and night, she cannot re-gain her strength; neither can she keep up her supply of good milk for the offspring.

If a breast-fed baby does not thrive it should be weighed before and after each feed to ascertain the amount taken, when it may be necessary to increase the amount in some way. It may happen that:

1. The child is not strong enough to suck a sufficient amount
2. The breasts are not secreting enough for the child's needs
3. The milk is plentiful but poor in quality.

A child should be put to one breast only for each feed, provided there is plenty of milk; but if not plentiful, both breasts should be used about 10 minutes at each.

Water should always be given between feeds, it being remembered that babies suffer from thirst just as much as adults do, but unlike us are unable to either get it or ask for it, hence they are dependent on our thoughtfulness which often fails, I am afraid.

Vomiting and indigestion are frequently caused by overfeeding, but a healthy breast-fed baby should not vomit.

If a baby is unable to suckle sufficiently for its needs, it should be put to the breasts as usual, and afterwards, the nurse should express the mother's milk and feed the baby with a spoon.

A mother should not breast-feed her child if she is suffering from:

1. Tuberculosis
2. Heart or kidney diseases
3. Sepsis
4. Syphilis
5. Rheumatism or other organic diseases.

Neither if the child has :—

1. Hare-lip or cleft palate
2. Severe facial paralysis, it may be unable to suckle.

Wet Nursing is the best substitute for mother's milk, but owing to the fact that it is expensive and there are such a variety of patent foods on sale it has gone out of use. If resorted to, a Doctor should choose the nurse, who must submit to a thorough medical examination, as such diseases as Tuberculosis and Syphilis can be transmitted through the medium of breast milk.

(To be continued.)

Madras Government Board Examination in Midwifery-September 1930

September 15th, 1930

(Time: 1-30 to 4-30 a.m.)

1. Describe in detail the internal pelvic organs of a woman.
2. What would you do if a patient began to have severe haemorrhage during the third stage of labour?
3. How would you diagnose a case of twin pregnancy? Give in detail your management of the labour, stating your reasons for each procedure.
4. Explain the meaning of the following terms :—
 - (a) Secondary uterine inertia
 - (b) Sapræmia
 - (c) White leg
 - (d) R.M.P.
 - (e) Ictenis neonatorum.
5. Give a list of the antiseptic lotions usually used in Midwifery. What strength would you prepare each for a vaginal douche, and how would you give it?

Strictly Germproof

The Antiseptic Baby and the Prophylactic pup
 Were playing in the garden when the Bunny gambolled up;
 They looked upon the Creature with a loathing undisguised;
 It wasn't Disinfected and it wasn't Sterilised.
 They said it was a Microbe and a Hotbed of Disease;
 They steamed it in a vapour of a thousand-odd degrees;
 They froze it in a freezer that was cold as Banished Hope
 And washed it in permanganate with carbolated soap.
 In sulphuretted hydrogen they steeped its wiggly ears;
 They trimmed its frisky whiskers with a pair of hard-boiled shears;
 They donned their rubber mittens and they took it by the hand
 And 'lected it a member of the Fumigated Band.
 There's not a Micrococcus in the garden where they play;
 They bathe in pure iodoform a dozen times a day;
 And each imbibes his rations from a Hygienic Cup—
 The Bunny and the Baby and the Prophylactic Pup.

—Harper's.

FRAGMENTS

The MAGGOT Treatment for Osteomyelitis! . . . Horrors!! . . . but "Treating the wounded as they came into the hospitals, he noticed that those who had been lying out on the field for hours were brought in with their wounds covered with the tiny crawling maggots, the larvae from which common flies develop. But these men, strangely enough did not develop infections in their wounds, as did those whose wounds had been dressed and treated very soon after their infliction."

"Dr. Baer remembered that the healers of ancient times had written that maggots should be used to clean up wounds of patients whose bones had been broken. He then started careful, scientific investigations."

He found that the maggots eat the dead bone, flesh and tissue,—the very material that provides breeding ground for bacteria. Naturally,—sans bacteria sans infection.

Now at Mount Alto Veterans Hospital in Washington, a training centre has been established for physicians to study the Baer method.

A Journal reader takes exception to Russell's findings against the use of cowdung as a disinfectant, suggesting that the latent ammonia is a cleansing agent. Is ammonia a component? . . . and if so, is it present in an appreciable amount to be an agent?

Prickly Heat.—An ointment of castor-oil, zinc stearate and vaseline gives splendid results.

Sulphur solution has been found to solve the Itch problem in boarding schools.

Deaths from snake-bite in India exceed those caused by wild beasts in about the ratio of ten to one. Statistics for a recent year gave the deaths from snake-bite as 19,870, while those from wild beasts were just under 2,000.

"Graduates of nursing institutions through our land to-day are a credit to the forces of civilization. Leaders in the nursing profession have a tremendous responsibility resting upon them, in helping the army of young women who enter this work annually to accept the strict discipline of the hospital world. The young girl coming into the nursing profession knows nothing of the world of sickness and of sorrow into which she is entering. By reason of her youth the pleasures of life have a strong appeal. She is influenced by the natural impulses of freedom of action, and along with these tendencies, she is driven forward by the inspiration of beautiful ideals. The task of the woman who is privileged to lead an army of young life and direct its course into such channels that they may alleviate many of the ills and sorrows of life, presents a wonderful opportunity. Lillian Clayton revealed herself as one able to measure up to this responsibility." (From "An Appreciation of S. Lillian Clayton," by the Mayor of Philadelphia, in the *International Nursing Review*. July issue.)

NOTES AND SUGGESTIONS FROM THE 1930 REPORT OF THE N. A. C.

Perpetual Membership.—In China when a Nurse moves or is moved to Korea, she takes out a perpetual membership in the Nursing Association of China. This seems a splendid idea. Why can we in India not do likewise. It would obviate the furlough lapses, which are not due to carelessness or indifference. Anyone who has waited turn in a New York post-office to get a foreign money order, knows that such a one is not going to make a practice of sending them. Then one may make provision for the usual furlough and circumstances arise, altogether unseen, that detain one longer than had been anticipated, and you find yourself lapsed,—quite unintentionally. I think every member is keen enough about the T. N. A. I. and its interests that she would gladly become a permanent member. Let us think it over. It would be a timely matter for discussion at the coming Conference.

"Dr. Liu paid tribute to the N. A. C. mentioning two motives:

1. Furthering interest in their fellow-workers and helping them in time of sickness.
2. Standardizing examinations and training schools in hospitals.

Continuing he pointed out that the Government was now preparing professional schools. These schools must register under the Bureau of Education of the Provinces. Standards would be fixed by the Ministry of Health. This Ministry would soon take over the arduous task of examinations and save the N. A. C. The guiding policy should not be to set the standard too high, because of the present hospitals and the great need of nurses. There are only 2,000 trained nurses in China, or one to every 2,00,000 people" (Dr. Liu, Minister of Health, in his address at the Annual Conference of the N. A. C. 1930.)

The Nurses Association of China meets once in two years. Its biennial gathering this year from February 1-8 inclusive, at Shanghai.

Among the interesting papers were "Budgets for Schools of Nursing" by Miss Evelyn Ling and "Bank Accounts for Nurses" by Miss Cora Wong.

Nurses' salaries in Mission Hospitals range from a minimum of \$5 for first year to \$40 for prolonged service, as a maximum.

The N. A. C. sent six delegates to the International Congress of Nursing at Montreal.

The "Quarterly Journal for Chinese Nurses," is the official organ of their association. Every Registered School is expected to subscribe for at least six copies.

PERPETUAL MEMBERSHIP dues are \$ 30. By means of this membership holders are entitled to share in the endowment fund for the N. A. C.

"At the next Representation to the International Council of Nurses at Paris which meets in 1933, I would like you to think of the following questions. How many of our countrymen still have their queue on? How many women in China did not bob their hair? How many steps are there leading up to Dr. Sun Yat Sen's Mausoleum? How many Unknown Soldiers' tombs have you visited? How many Gold Stars are there? How many swimming pools are there in China for the Nursing Schools?" From the N. A. C. President's closing address. (To those of us in other lands it would be interesting to know the significance of the above questions, and their answers.)—Associate Editor

STUDENT NURSES ASSOCIATION; REPORTS OF UNITS

"The Presidency General Hospital", Calcutta Unit**No. of Members, 46***President.*—THE MATRON SUPERINTENDENT.*Secretary.*—THE SISTER TUTOR.*Committee.*—FOUR NURSES IN TRAINING, One of each year AND one co-opted member also a probationer who is said to possess unusual talent in music and dramatic ability.

This UNIT has started with great enthusiasm, and has given a first-rate concert to their patients. (By an eye-witness) They are already thinking out a concert for Xmas. They also propose to arrange a tennis tournament in the cold weather, picnics, etc.

A Dramatic Society is all so under consideration.

"Bravo CALCUTTA, May your most excellent example be speedily taken up".

The Government General Hospital, Madras Unit**No. of Members, 60***President.*—THE MATRON SUPERINTENDENT.*Secretary.*—SISTER J. ROBERTS.*Committee.*—FOUR NURSES IN TRAINING, to represent Sport, Music, Literature and the Drama.

At a general meeting held in the nurses' lecture hall in September, it was decided to co-opt six other members to form a sub-committee to meet weekly for discussion and arrangement of future activities. A general gathering of the unit will take place once a month.

The GOVERNMENT GENERAL UNIT sends greetings to their friends of the Presidency Hospital Calcutta Unit, and hopes for an exchange of ideas through the Journal from month to month.

A GLIMPSE INTO THE HISTORY OF NURSING IN INDIA

Madras General Hospital**BY A. C. MCA. MUNRO**

Was any hospital in India operating before the Madras General Hospital of which we have this record:—

"On November 10, 1664, the Council at Fort St. George wrote to the Agent, Sir Edward Winter, who was then visiting Masulipatam, that 'fresh souldiers' which came forth this year, takeing up their habitation in the bleake wind in the hall, fell sick. Four of them are dead, about ten remain at this time very sick. . . . See rather than see Englishman dropp away like doggs in that manner for want of Christian charity towards them, we have thought it very convenient that they might have an house on purpose for them, and people appointed to look after them and see that nothing comes into them, neither of meat nor drinke, but what the Doctor alloweth."