

finished the jackets, but ask for coolie charges for making the jackets. Fancy the utter ignorance and ingratitude ! After we having given them the cloth, taught them to stitch, and entertained them while making the jackets for their own children, to ask for coolie charges !!

Mrs. Organe also expressed the need for more nurses in the work. One can but admire the courage and sacrifice of the Indian nurses who live at these stations, and though surrounded by dirt and sin, still keep themselves clean and pure. This is a great tribute to our hospitals.

I do not doubt in the least that our busy nurses find it very hard to come to these meetings ; but it is worth while, indeed, if time can be spared.

MATERNITY AND CHILD WELFARE IN MADRAS.

BY A. ORGANE.

THE Madras Presidency Maternity and Child Welfare Association is affiliated to the Lady Chelmsford All-India League for Maternity and Child Welfare and to the Indian Red Cross Society.

There are ten centres in Madras. Eight are managed directly from the Head Office and two are under the auspices of the Women's Indian Association, to whom we give a monthly grant. Our Doctor and Health Visitor visit them weekly.

There are about fifty mofussil centres affiliated, to most of which we give a monthly grant. We supply them whenever possible with nurses trained in our centres and give any help and advice within our power. Once a year our Health Visitor tours all the mofussil centres.

The staff at each centre consists of a trained midwife, an ayah, a dhoby and a sweeper, and each centre is under the supervision of a lady visitor who is known as the Lady in charge of the centre. We have also a Doctor with an Apothecary's certificate and a Health Visitor, who visit all the centres in turn. The centres are open every day from 6-30—11-30 except on Sundays, when only the children who are fed attend.

Children under four years old have hot baths, children over four and under eleven years old have cold baths. After bathing the children's hair is combed and cleaned and any minor ailments—sore eyes, boils, scabies—are attended to. The very needy ones are fed—the bigger children on rice conjee, the smaller ones on ragi conjee and condensed milk—and babies under a year old are given Glaxo. Sardine oil is given to children suffering from rickets and castor oil is administered when necessary. The children are all fed at the centres ; only in very exceptional cases is the food taken to their homes.

Mothers are encouraged to come after 10-30 a.m. to wash their hair and have a hot bath and also to wash their clothes.

In the evening between 2 and 5 o'clock the nurse visits the houses in the locality, giving advice to expectant mothers on health and allied subjects, and tries to persuade them to have a properly trained midwife or to go to a hospital for confinement. She also visits the women after they leave hospital and keeps in touch with the families, entering the baby's name in the baby register at the centre and recording progress weekly.

The Doctor or the Health Visitor goes round visiting with the nurse one evening a week. Each nurse has an average of twenty-five "waiting" cases in her maternity register.

Sewing classes are held in all the centres. At present the mothers come and sew babies' jackets. When the jackets are finished nicely they are allowed to take them home for their own babies. While they are sewing the Doctor or the Health Visitor gives the women a simple lecture on why a child should be vaccinated, the importance of cleanliness and regular bathing, keeping their clothes clean as a preventive of scabies, the danger of flies and various other subjects.

Large coloured posters on cholera, small-pox, etc., are displayed at each centre and talks are often given on the subject of the posters.

The Madras centres are all situated in the poorest quarters of the city. The conditions in which the people live in these parcheries is appalling. Most of the children are underfed, untaught and very dirty, and the mothers are in the same condition. It is uphill work trying to teach them better habits. Our nurses live at the centres and we aim at making the nurse's house an example for the parchery in cleanliness and order. She is always at hand to help in any emergency. If cholera or small-pox breaks out the nurse at once reports it to the Head Office, which sends on the information to the authorities. It is a responsible post for a nurse; indeed the whole work depends on her efficiency and suitability. No end of patience and courage and good humour is necessary.

Sometime the women refuse to go to hospital and need endless persuasion. A few weeks ago, when a woman died in hospital, the family blamed our nurse for sending her there and caused quite a lot of trouble. The nurse (in fear and trembling) went on quietly with her work, visiting other women in the same street in spite of jeers and bad words from these people. Now she is visiting another woman and her baby, just out of hospital, belonging to this same family.

Babies whom we have fed and whose progress we have watched most carefully are taken away with the family for a few days to some feast or to visit other relations and come back with diarrhoea or dysentery or some other disease. There are many such drawbacks but the work is well worth doing.

SCORPION STINGS.

By X. Y. Z.

I SUPPOSE almost every nurse in India at some time or other is called upon to treat a scorpion sting.

The pain experienced from such has been described as first like the prick from a needle, but in a few seconds it assumes an agonising form as if many needles were thrust into the part. Usually the injured part swells a little, and sometimes the lymph glands are affected. The effect is not generally reckoned to be dangerous although death has been known to result from the sting of a scorpion.