

grown up new schools or branches of medicine, which are concerned with the speciality of the preventive treatment of infants and children. Surely this is a very much higher branch of the profession than that which is merely concerned with the cure of symptoms. It is on these grounds that any debasement of the Infant Consultation to the level of mothers' meetings, with tea for the mothers and a weighing-machine for the babies, is strongly to be deprecated. The medical inspection of school children is, to my mind, entirely comparable to the aims and objects of the Infant Consultations, and I should very much like to see the two systems linked up and made into one comprehensive whole, with continuity of aim and continuity of records. The school clinic, where it exists, is obviously the place at which an Infant Consultation should be held; and I consider that the medical men or women who conduct the Consultations should be paid in the same way that is usual in the case of school doctors. They might well combine the two functions.

The Infant Consultations have now passed out of the experimental stage, and can be safely taken over by the State or municipality. In Berlin the municipality contributes nearly £17,000 a year towards the upkeep of some 77 centres for Infant Consultations. London would lose nothing in the long run if she contributed £50,000 a year for the same purpose.

Until there is a general municipalisation of Infant Consultations it is advisable for many reasons that the latter should continue, as they have done in the past, to confine themselves to the instruction of mothers and the general hygienic management of the infants; difficulties at once crop up as soon as any definite medical treatment is attempted; such a proceeding brings the Infant Consultation into conflict with the interests of the medical practitioner.

On the other hand, the range of usefulness of Infant Consultations is at once restricted if minor symptoms as thrush or constipation cannot be treated by the medical officer in charge; if for minor symptoms of this kind the infant is referred to the hospital, dispensary, or relieving officer, it is clear that complications must frequently arise. For this reason I think there will be a gain all round when Infant Consultations cease to be run on a voluntary basis, and are connected with school clinics, dispensaries, or maternity hospitals, where the medical treatment of the ordinary ailments of infancy can be treated without restriction or without giving offence.

(To be concluded.)

## OUR PRIZE COMPETITION.

DESCRIBE THE DIFFERENT WAYS IN WHICH DRUGS MAY BE INTRODUCED INTO THE SYSTEM?

We have pleasure in awarding the prize this week to Miss Alice Rhind, West Mayfield, Edinburgh, for her paper on the above subject.

### PRIZE PAPER.

Drugs may be introduced into the system by (1) mouth, (2) rectum, (3) hypodermic injection, (4) inhalation, (5) rubbing.

1. By mouth. In giving medicines use a measure glass or spoon; shake the bottle; pour away from the label; give punctually; replace the cork.

Disagreeable drugs are sometimes given in cachettes of rice paper; moisten in water.

2. Rectum. (a) Suppositories should be greased and introduced as far as possible into the rectum. They are only efficacious when the lower bowel is empty.

(b) Enemata. Have the patient on the left side if possible, knees well drawn up; if this is impossible, patient must be on back. A Higginson syringe is still in frequent use for enemata for evacuating purposes, but for small quantities for nutrient and other purposes, such as for controlling hæmorrhage, allaying thirst (after abdominal section), relieving distention, easing pain, allaying diarrhoea (as in typhoid), the tube and funnel apparatus is the best. This form ought also to be used in continuous and gravitation enemata, as it is readily controlled and the flow regulated.

The points to be most carefully watched for in administering enemata are (a) that the point of insertion of the instrument should be well lubricated; (b) that the bulk has been correctly measured; (c) that the temperature is correct to begin with (98 degrees to 100 degrees Fahr.), and is kept correct in dealing with larger quantities. This is best managed by having at hand a vessel with some of the fluid at a much higher degree, and adding a small quantity from time to time. A thermometer ought always to be in place in the fluid being injected, and consulted frequently.

(c) There is a small vulcanite syringe specially manufactured for glycerine, and it ought, when obtainable, to be used.

3. Hypodermic Injection. This should be done with aseptic precautions. See that the fluid is clear, no bubbles; press fluid to point of needle to prevent the injection of air. Withdraw the needle a little before injecting fluid; press spot with finger afterwards.

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