

## OUR PRIZE COMPETITION.

### WHAT POINTS SHOULD BE NOTICED ABOUT THE DEJECTA OF INFANTS AND WHAT DO THEY INDICATE.

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gilmore Place, Edinburgh.

#### PRIZE PAPER.

The chief points to be noted regarding dejections of infants are the frequency; whether regular or irregular; consistency; colour; whether bloodstained, slimy, or containing flakes of undigested food or foreign substance; whether offensive odour is present; and if pain and flatulence accompany the movements of the bowels.

The dejections of a normal healthy infant properly fed and early trained to regular habits are, after the first four or five days (during which the dark green coloured material called meconium is passed) in number one to three during the twenty-four hours; regular—i.e. daily; consistency at first soft and unformed, like well-mixed mustard; later when additional food is taken becoming formed and less frequent; colour at first light yellow, becoming slightly darker as the child grows older; no undigested food, white curd or mucous should be present; practically odourless if breastfed, if handfed the odour is pronounced but not offensive; there should be no pain or difficulty in the passage.

Variations and abnormal conditions indicate chiefly errors in diet; mis-management; giving of drugs; and the onset of specific disease or illness.

Hard, dry motions passed irregularly indicate lack of fat and liquids; if drab in colour digestion is not sufficient. Treatment should at once be sought to avoid the establishment of constipation. Overfeeding, artificial foods, excess of lime water as diluent, or if breastfed, irregularity in feeding or error in the mother's diet may be the cause. Malformation in the bowel passage may be present.

Five or six motions in the twenty-four hours indicate diarrhoea, flakes of curd point to excess of proteid; if merely "loose," excess of fat may be the cause; if accompanied by flatulence and griping, excess of sugar, if watery, too small a quantity or quality of food is being given. If continuous, green coloured, slimy, and offensive smelling, the intestines are irritated to a marked degree, with great danger to the child. Any unwholesome food, want of cleanliness in food utensils, or the action of germs by the carriage of fly-borne infection are predisposing causes. Chronic diarrhoea may point to tubercular

disease, intestinal catarrh, and enteritis. White or clay coloured stools indicate derangement of the liver and jaundice.

All abnormal symptoms, which do not at once subside after rational and intelligent treatment on ascertaining a likely cause should be treated by a medical man, when much trouble and illness could be avoided. Warmth, rest, and a simple aperient once given, and observation of other constitutional conditions whether abating or increasing should guide one in right action. In the occurrence of diarrhoea, no time should be lost in getting medical attention, as the weakness it causes may prove disastrous to the infant, and wrong methods of treatment make matters worse.

Thoughtless acts on the part of ignorant nurse girls and unskilled attendants may bring about diarrhoea, and apparently simple matters in cleanliness should not be overlooked.

#### HONOURABLE MENTION.

The following competitors receive honourable mention, Miss Sarah May, Miss Mary C. Ford, and Mrs. Foster.

#### QUESTION FOR NEXT WEEK.

Why is dust dangerous in a sick room? Describe your method of removing it?

## A HISTORY OF NURSING.

### CANADA.

We have already had some interesting details of nursing in bygone days in Canada in a previous volume, in the thrilling story of Jeanne Mance and other pioneers. The chapter in the fourth volume of "A History of Nursing" in which Miss M. Louise Lyman co-operates with Miss Dock in the Canadian section, deals principally, therefore, with modern times.

"In the earliest days of her history, and throughout the French régime (1535—1759) Canada was indebted wholly to the religious orders which came out of France for the establishment of hospitals, and the care of the sick in their homes."

"Throughout the ravages of the Indians the constant warfare between French and British, and the many epidemics and plagues to which Canada fell heir, these hospitals sheltered and cared for the wounded and sick. Later, when in 1775 the Americans invaded Canada they figured as military hospitals and barracks. . . .

"With the settlement by the British, hospitals were established under civil or military control, in the more thickly populated districts,

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