

in large quantities; it was cheap, and contained a larger number of calories than any other form of food equally bland. The glucose water also combated acidosis, which in the acute cases with "air-hunger" was an urgent problem. Frequent small feeds whenever the child was awake seemed to be the best plan, and the children seemed to do better on glucose water than on any other feed. As stimulants for the collapse, 15 to 20 minims of brandy every four hours seemed to be of benefit to small infants, and acted as a sleep producer as well. Apart from this, we relied on the intra-peritoneal and subcutaneous salines and on mustard baths for the treatment of the collapse.

For the diarrhoea, in the early stages an initial dose of castor oil was given if the child was not too collapsed. No attempt was made at this stage to stop the number of motions, as it was considered that toxic substances either from the food or from the action of bacteria were being got rid of. Later, however, either a bismuth mixture or small doses of a castor oil mixture were administered. Opium preparations were not used during the acute stages at all and seemed to be contra-indicated. Kaolin was tried on several cases without appreciable results. Intestinal antiseptics do not seem to affect this condition. Anti-dysenteric serum was given in several cases, but not in sufficient numbers for conclusions to be drawn. In certain cases the pyrexia and symptoms of intoxication abate only during starvation. Any attempt to get the child back to a feed which would support life seemed to lead to a recurrence of the symptoms. Usually the child succumbed at the first relapse, but in several cases there were three or four relapses.

Several feeds were tried with success following the initial starvation. Perhaps the most successful was well diluted, dried, malted milk—this was low in fat—and the malted carbohydrate seemed to be tolerated well. Another feed on which many seemed to do well was either veal or chicken broth, skimmed free of fat, to which lactose was added. Following this one of the dried milks was given, preferably a half cream. Fat seemed to cause a recurrence of the symptoms quicker than anything else, and the post-mortem picture of the livers seemed to offer an explanation of this fact. Some cases tended to hang on for weeks after the acute symptoms were over, and remained in a marasmic condition, some gradually sinking and finally dying of asthenia, others slowly improving and finally being discharged. These tended to return if there had been anything but the most careful feeding during the period at home.

A memorial tablet designed to commemorate the names of the naval medical officers and Nursing Sisters who lost their lives during the war is being unveiled at the Royal Naval Hospital, Haslar, on August 17th. Similar tablets are to be arranged at the Royal Naval Hospitals at Chatham and Plymouth.

NURSING ECHOES.

In connection with the Octocentenary of the foundation of St. Bartholomew's Hospital, London, which is to be celebrated next year, the *St. Bartholomew's Hospital Gazette* is publishing some interesting articles in regard to the workers in the hospital. We reprint on page 120 an article by Sir D'Arcy Power, K.B.E., on the Sisters, which we commend to the notice of our readers.

The same journal draws attention to a set of engravings produced by Messrs. Beynon, of Cheltenham, and now on sale in the Library. The drawings are, it is stated, of Hospital subjects well known to Bart's men and nurses. They are of great artistic charm and merit, and one or more should be on the walls of every student, or nurse, past or present, of the Hospital.

The Department of Hygiene and Public Health of the Battersea Polytechnic (Battersea Park Road, S.W.11) is arranging a Post-Graduate Course in Dietetics and Cookery for the Artisan Home, for Health Visitors, Superintendents of Infant Welfare Centres, Social Workers and Teachers, on Thursday evenings, from 6.30 to 9.30 p.m., beginning on September 28th. For students living within the London County Council Administrative area, or Middlesex, the fee for the full course of 24 weeks will be £1; for a course of 12 weeks (theory and demonstration only), 10s.

The course has been specially arranged owing to frequent applications from professional women interested in Maternity and Child Welfare and the problems of the Artisan Home. Only such kitchen equipment will be used as is found in the poorest artisan home, and students will be given opportunities of cooking meals for a family on a single gas-ring, an oil-stove, and an open fire.

The full course will cover a period of two terms of 24 classes. During the first term the Lecturers will deal largely with the theory of the subject, illustrated by practical demonstrations. During the second term the evenings will be entirely given up to practical work.

A correspondent draws our attention to an advertisement from the Education Committee of a large city for a School Nurse, who has had three years' general hospital training, at a commencing salary of £132 per annum. We

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