

SALE OF CHRISTMAS CARDS.

Miss K. Spalding, the Hon. Secretary of the Grenfell Association of Great Britain and Ireland, writes from headquarters in London, 66, Victoria Street, London, S.W.1, and sends us specimens of Christmas cards—in pre-war days these cards were unique in beautiful colours, but now they must conform to Ministry of Supply regulations in black and white, but the subjects are still topical—Adrift, Polar bear on Icepan, and sorry for himself he appears; Labrador Dog Team, as useful as humans; Penguins at Play, full of fun. Price 6d. each. Purse calendars in sepia meet a need throughout the year, price 3d.

These cards can also be obtained in Scotland from the Hon. Mrs. Joseph Maclay, 21, Bothwell Street, Glasgow, C.2.

Please help this fine bit of Empire building and interest your colleagues in its inspiring work for humans. Huskies, Polar bears, Labrador dogs, and penguins—all are giving a helping paw.

INFUSION OF BLOOD AND OTHER FLUIDS VIA THE BONE MARROW.

By EDGWORTH MURRAY.

Nurses who are familiar with the care of children will know that their fluid requirement, in comparison with that of adults, is tremendous. A negative water balance is serious in both children and adults, but this state is reached much more quickly in childhood, and produces very serious consequences. Dr. Alan Brown states that "The average adult will secrete from 1,500 to 2,000 cc. of urine a day, while infants 8 lb. to 10 lb. in weight—or only $\frac{1}{16}$ the adult weight—secrete half this amount in 24 hours. Viewed from another angle, if the average 150 lb. adult drank as much water weight for weight as an infant he would take 25 pints a day."

This is one of the biggest problems in a children's department. We know none of the infants or pre-school age children get enough fluids orally and, under certain circumstances, fluids given orally cannot begin to supply the demands of dehydrated infants who are actually ill, or of severe accident cases in young children. Neither will fluids interstitially or intraperitoneally meet the demands under certain circumstances; accidents, age, size and condition of blood vessels, can make the situation most difficult for those in attendance. When the circulatory depression is marked, and of some standing, it is difficult to introduce any substances into the veins, because in many instances they are impossible to locate. Even when the vein is cut down, the vessels may themselves have collapsed because of reduced blood volume and poor venous return. The walls of these veins in children puncture very readily, and it takes the skill of an expert, as well as patience and time, if the procedure is to be carried out successfully.

It is a comfort to know when these methods are impractical or have failed, precious time is being lost and the need is urgent, the bone marrow offers the ideal site for the introduction of blood or other fluids. The medullary canal is surrounded with a rigid bony envelope which is less likely to collapse and can, therefore, stand forcible injection without over-distension. Substances injected into the bone marrow cavity are taken up

immediately in the venous circulation, apparently unchanged. Experiments on animals have proved this to be the case.

The needle is introduced into the sternum or tibia and, when marrow has been obtained by aspiration, the syringe containing the material to be administered is inserted into the needle, and the material is injected as fast as the resistance offered to it will allow.

Reprinted from *The Canadian Nurse*.

MALARIA IN WEST AFRICA.

DDT—dichlor-diphenyl-trichlorethane, the powerful new "all purpose" insecticide — is being used with great success in the fight against malaria in West Africa.

Viscount Swinton, recently British Resident Minister there, described its new use when he addressed a Press conference in London recently.

"They have started experimenting with DDT against the malaria mosquito," he said. "I think it is going to be as damaging to them as it is to other things. It is a real killer."

Lord Swinton told how two of the world's greatest anti-malaria experts were keeping R.A.F. airfields free from mosquitos, and incidentally bringing new health to surrounding towns.

WORK ONLY THE BLIND CAN DO.

A job has been found, states the Ministry of Health, which only the blind can do—shorthand-typing in the darkness of a radiography room.

A blind typist employed at the Ministry of Health was recently transferred for duties at one of the base hospitals in the Emergency Hospital Scheme under the Department of Health for Scotland. The radiologist there—a leading consultant—found that she was able to solve one of his big problems.

Until now the radiologist has had to memorise his verdict on each X-ray film and make up his records at the end of a series of screenings. The room being in darkness, except for the dim glow of a red lamp at the control table, an ordinary shorthand-typist was unable to take and read notes.

Now the blind typist, with typewriter, sits at a desk in a corner of the X-ray room. When the radiologist has completed each examination, he dictates his findings. These she takes down in shorthand or immediately types out. As soon as the last patient has gone, a pile of neat, accurately typed reports awaits the radiologist's inspection.

Duty in the dark room over, the same shorthand-typist assists the radiologist by taking down at his dictation his readings of X-ray films submitted to him by his radiographer. Here again, the notes are often taken down direct on the typewriter. Copies of the reports are then sent to the Medical Officers whose patients have been examined.

This blind typist has summed up her duties in these words: "I have the unique experience of realising that at least, in this instance, I am able to perform work which those in possession of their sight would be unable to undertake."

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