

scantly equipped with even those things we think are essential, and this is not always due to poverty but to lack of knowledge or desire to live any other way. True it is that many of the people are wretchedly poor, but their wretchedness is often much less than we picture it, because they know nothing better and wish for nothing better. There was the case of Serpe, an Arab woman, whom we urged to clean up the room for the baby's birth. Finally she told us that this baby was blessed enough to be born under a roof, all her others had been born in the hills.

The visiting has taken us to the Russian refugee houses, to the old "hans," which are Constantinople's tenements; to homes that shelter a family in each corner; to more prosperous homes of two, three, four and five rooms. The Turkish family is private and sheltered, so that the nurse does not always find it easy to gain entrance there, but the young Turkish mother we have found receptive and responsive. The Greek and Armenian mothers usually learn quickly how to give the correct answers to questions on the babies' health, but they find it hard oftentimes to get out from under the influence of the old women who infest the home of a young infant. The open window question does not usually have to be emphasised—the houses are so poorly built, the difficulty lies not in keeping the air fresh, but in keeping it warm. The same troubles of irregularity of habits of life, lack of cleanliness and the pacifier are found here as everywhere else. But the deepest difficulty seems to me to be the fatalistic philosophy of the people. Allah gives the babies, Allah takes them; the mothers accept a high mortality with their babies; babies have always died in great numbers. To them it is because babies are weak and have not been given enough strength. The mother's and father's share in this they do not see. Takouhi is 32 years old, a member of our pre-natal class, pregnant for the eleventh time, and it was without the quiver of an eyelash that she told me that nine of her children had died before they reached the age of five. The tenth is still living.

What is most satisfying, however, is the attitude of the pupil nurse towards public health nursing work, something most of them had not even heard of before they entered the hospital. Without exception they understand the opportunity that this work offers for their people. They feel that perhaps if they cannot establish hospitals or schools of nursing they can, even if working alone, give some good gift to their country. They see that hospital service, clinic service and home service are closely interwoven and interdependent. The value of their hospital training is understood so much more clearly, and frequently the nurses go back to hospital duties from their public health experience with a new determination to learn more definitely, more completely and more lastingly. It is a happy thought, too, to think of a nurse working in Anatolia with the babies and children, another returned to the new Russia establishing a training school which has public health nursing in its curriculum, and still others in Bulgaria, in Greece or right here in Constantinople—each taking up and carrying on the health problem of her community.—From the "American Journal of Nursing."

Apology

We regret that we omitted to acknowledge the source of the "Scheme of Sister-Tutor's Work," published in our editorial of last issue. This scheme was drawn up by the Sister-Tutor of the Nightingale School, St. Thomas's Hospital, London.

An Unusual Case

Mrs. P— gave birth to a 10 lb male child—normal confinement. All was satisfactory until the fifth day. At 2 p.m. the baby was quite well; at 2.15 p.m. it suddenly became very bleached, and died 45 minutes later. No external sign of hæmorrhage. A post-mortem examination revealed a ruptured liver. Six ounces of blood was found in the abdomen, and the liver was still oozing. Wasserman test had been negative.