

上海特別市衛生局

衛生月刊



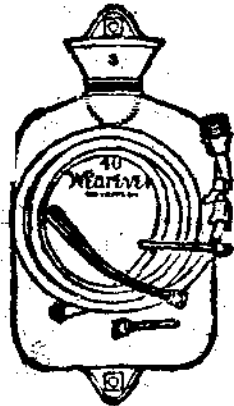
第三卷第八期

兒童衛生
專號

民國十九年八月

FAULTLESS RUBBER COMPANY'S

"WEAREVER" Rubber Goods



Faultless "WEAREVER" rubber goods are made of the best grade of rubber. They represent the most skillful workmanship in the manufacture of rubber sundries. They give exceedingly good service and are highly satisfactory in every respect to the user.

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是希出器用用各資不本滿早用堅穎製樣精等用器種來國
幸採售廉橡及種置措藥全已不固質法靈製質最物橡史福

BERKEFELD FILTER COMPANY'S

Genuine Berkefeld Filters

Careful examination may reveal the presence of minute animals and plants in your supply drinking water.

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Even if your water supply is generally supposed to be free from all impurities, it is really no guarantee that such organisms are absent. The risk is eliminated by using a Berkefeld Filter. Berkefeld Filters are most scientifically constructed. They give you a supply of pure water which is perfectly safe to drink. Every house should have as part of its standard equipment a Berkefeld Filter.



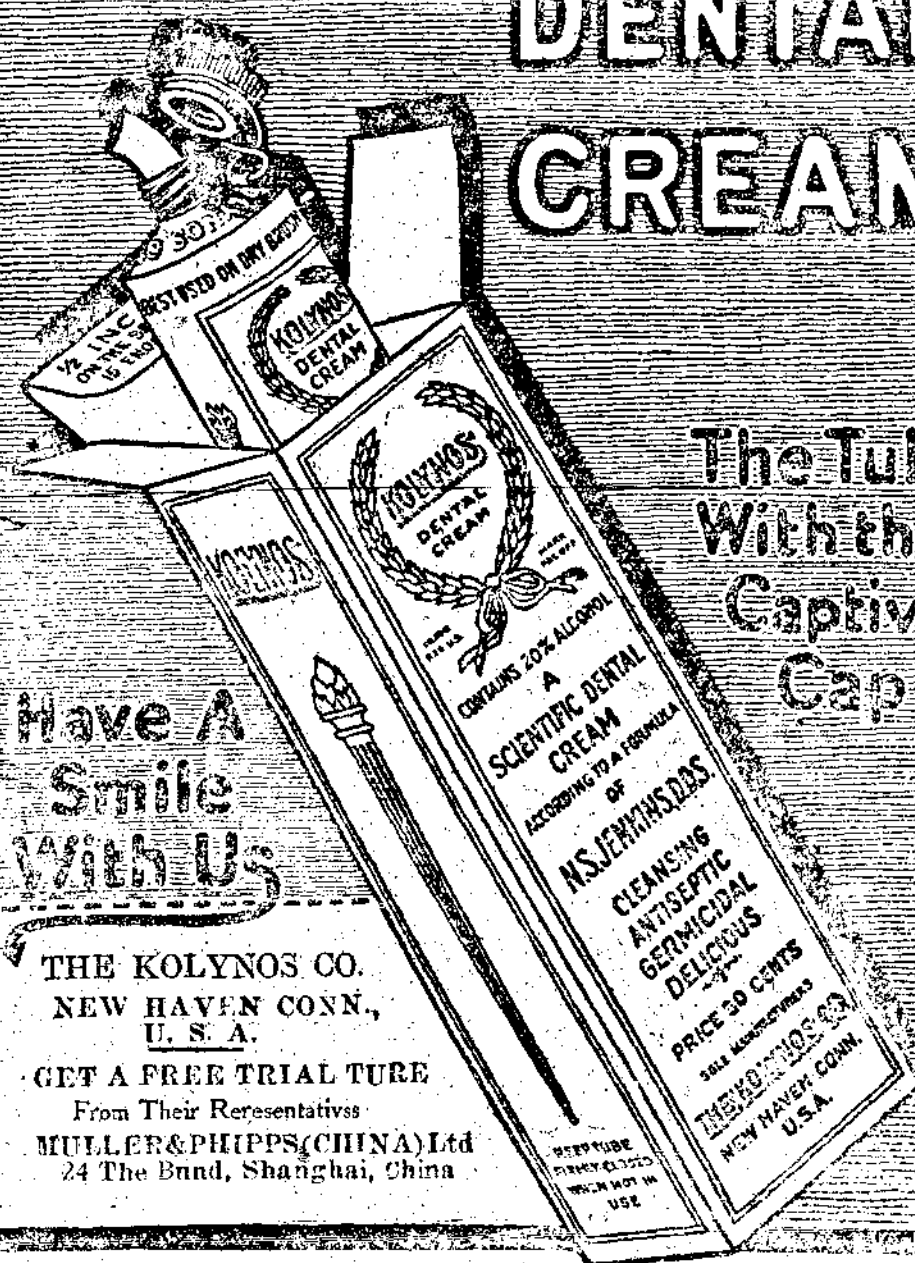
請克樣種新房可則格惟最水以致中植數心飲吾
採已新類式運言絕飛有萬亦為病飲物之察水人
用衛巧繁沙到矣無沙用全其可雖之生微驗中日
生價多濾大本危濾一之危靠人足長生有經用
家值花缸宗藥險缸百計險之皆以其動無細之

AMERICAN DRUG COMPANY

40 NANKING ROAD, SHANGHAI

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每月一册	大洋一角特號另加	國內郵費在內 國外郵費每年 大洋五角
全十二册	大洋一元 特號在內不另加價	

廣告的價目和地位。請函詢發行主任為荷。

編輯部及發行部——上海南市毛家弄上海特別市衛生局

初生嬰兒

(甲) 嬰兒初生時應注意事項

- 一、嬰兒未生的時候。應預備細軟佛蘭絨小被一方。生時用這絨被包裹。
- 二、其次用潔淨棉花。蘸橄欖油代水。輕輕擦拭嬰兒全身。揩去一切髒物。
- 三、嬰兒的眼。應用消毒棉花。蘸飽和硼酸水或溫開水。仔細洗淨。洗淨後。醫生或看護人。應將百分之一之濃度的硝酸銀二三滴。(只用一次。不必再用)滴入嬰兒眼內。以防濃眼或眼疳。(詳細辦法。參看本部刊印之「新生嬰兒之濃眼」)。
- 四、嬰兒應有充分睡眠。並應放在肅靜及光線不強。空氣充足的室內。尤應注意室內溫度。務使適宜。莫叫冷空氣直接侵襲兒體。
- 五、小兒應令獨睡。切不可與大人同睡。
- 六、小兒睡處應用蚊帳。

(乙) 應自乳嬰兒的原因

- 一、母乳不必配製存貯。時時新鮮。不會變壞
- 二、母乳絕對無菌。亦無塵埃。
- 三、母乳含極適宜的滋養品。最合嬰兒生長之用。
- 四、母乳對嬰兒。較為安全。食母乳與用瓶食牛乳的嬰兒。死亡率之比。為一比十。

五·母乳·嬰兒食之·腸胃不易生病·否則容易生病·尤以夏日爲甚·

(丙) 乳嬰兒法

- 一·乳嬰兒·應按規定時刻·不可一哭就讓吃乳·嬰兒吃乳有定時·睡眠就也有定時·這樣辦法·嬰兒較易撫養·
- 二·乳嬰兒·每次不必乳過二十分鐘·
- 三·在初生之二十四小時內·乳嬰兒不必過四次·每次都要兩乳並用·如嬰兒時時哭鬧·可給他開水喝·不可用茶或糖水·
- 四·第三日·母親的乳·大約可來·那時候·每三小時可以乳一次·乳時可以兩乳掉換·或每次兩乳都用·這兩種辦法·可看嬰兒食量·和乳的多少·而定·
- 五·若是母親到第三天·還沒有乳水·每三小時·也應當拿別的乳來喂嬰兒·但是母親的乳·仍要按時叫嬰孩吸食·可以促乳汁的流行·
- 六·嬰兒四個月前·每三小時·應該喂乳一次·至晚間十時爲止·十時後·直到天亮·只喂一次就可以·每二十四小時·一共只要七次·
- 七·四個月後·晚間不必喂乳·每二十四小時·一共只要喂六次·每日並應給以橘子汁少許·
- 八·六個月後·每四小時乳一次·每二十四小時一共只要喂五次·此時可吃稀飯·及白菜菠菜蘿蔔湯少許·

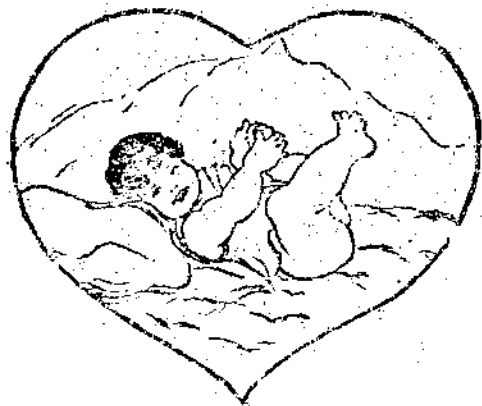
(丁) 對乳母的忠告

(二)

- 一·母親應當好生保養·飲食起居·務要注意·晚間至少要睡八小時·中午能小睡更好·乳母強健·嬰兒也強健·
- 二·母親要是乳少·不可着急·乳嬰兒後·要是嬰兒覺得不夠·可以旁的乳來補助·但切莫停止用自己的乳來喂他·久之·乳汁可以漸多·
- 三·乳母萬不可憂慮着急·早晚能散步半小時·最佳·
- 四·乳母應吃清淡的滋養品·乳母不吃滋養品·就不能生乳·但油重食物·及香料或辛酸物品·不宜食·
- 五·乳母應多喝水與湯·但勿飲濃茶與酒·
- 六·乳母應多吃水菓·並使大便通暢·
- ~~七·乳母應勤加沐浴·保持清潔·~~
- 八·斷乳前·應先請醫生看看·指示一切關於食物應注意的事項·

(戊)斷乳

- 一·乳母月信再來·不必一定斷乳·母親要是有了孕·或是有別種毛病·嬰兒就應該斷乳·



- 二·如果嬰兒生長適宜·母乳可吃到九個月或十個月·
- 三·斷乳·要用逐漸離斷的方法·先用牛乳或他項食品代替母乳·每日不過一二次·以後代替品

慢慢增加。約至十一二月時。母乳可以完全不吃。專吃食品。

- 四。要是在八個月前斷乳。就非教嬰孩飲用瓶裝的代乳不可。
(參觀人工嬰兒法)要是在十個月或十一個月後。應該可以用匙喂他。
- 五。夏日小兒食物。不易保藏。且蚊蠅滋多。最易傳染疾病。小兒食物。稍一不慎。即易發生腸胃病。故斷乳最好不要在夏天。

新生嬰兒之膿眼

新生的嬰兒。本不應有膿眼的毛病。這毛病。是絕對可以預防的。

凡患膿眼。都是沒有預防。與迅速治療的緣故。既患之後。要不急速醫治。是準要瞎的。

- 一。我國不少瞎眼的人。大半皆因初生的幾天。沒有注意的緣故。

注意嬰兒之眼毋使一生受苦

- 一。嬰兒的膿眼。並非因怕光或怕冷。實係微生蟲的緣故。
- 一。此病係傳染而來的。但是絕對可以預防的。
- 一。及早醫治。也是可以治愈的。
- 一。此病原因。係因嬰兒生時。或生後。產道不潔的微生蟲。誤入眼內。(尤其是淋病菌)如不將這微生蟲殺死。或洗

去。眼就變成紅腫。兩三日後。可以完全失明。



一。嬰兒的膿眼病。乃極尋常的病。各村鎮城市都有的。世界瞎眼的人。百分之十。是因這個緣故。膿眼的預防。是絕對可能的。只要於生下後。即刻滴用無害的藥水一二滴。就可救治。

一。這藥水。花錢不多。只要在生產前。化幾角錢。到藥房裏去。買百分之一的濃度的硝酸銀一小瓶。用時不過用一二滴。

一。遲治一小時。即難治一分。切勿耽誤。

嬰兒膿眼防治法

(甲) 產婦產前應注意的事項

- 一。產婦應用潔淨手巾。每日用胰水洗滌外陰部。
- 一。如陰部覺癢。並有白色分泌物流出。應即訪問醫生。
- 一。應預備溫和硼酸水一瓶。潔淨碗一個。消毒棉花一捲。保存乾淨。

(乙) 嬰兒初生應注意的事項

- 一。嬰兒一生。切莫揭開眼皮。應先拿棉花蘸硼酸水或溫開水。將眼外仔細揩淨。但每小塊棉花。只可用於一眼。用後

棄去。不可再入淨水或硼酸水內。他眼另用一小塊。如前措洗。

- 一、措法。要自鼻旁。順向外措。將所有黏膜及血液完全洗去。
- 一、鼻及嘴唇等處的黏液。也要依法措去。口內的黏液。措拭頂要當心。助產士或看護人。要用硼酸水浸溼的棉花。將手指纏繞。從嬰兒口內。向外措拭。每次棉花。只措一次。切不可內外亂攪。
- 一、再將眼皮打開。每眼滴入硝酸銀溶液二滴。不必再用。
- 一、此藥水能將眼內微生物殺死。有時雖使眼紅二三日。但決不致生膿眼的毛病。並且可以預防他。
- 一、每與嬰兒洗澡。先要用棉花蘸溫開水把眼措淨。
- 一、照料嬰兒的人。手指切要用藥水洗淨。否則絕對不應與嬰兒的眼睛接觸。一切洗眼用品。切要絕對乾淨。
- 一、洗眼的棉花。用後就棄去。洗臉水。手巾。切莫與母親相共。
- 一、嬰兒洗面手巾。切莫放在病人屋子裏。並要常常用藥水煮過。

(丙) 既患膿眼即宜速治。愈速愈妙。

- 一、如眼紅腫。眼邊眼屎膠起。哭時濃厚黏汁和淚流出。宜速延醫診治。愈速愈妙。遲一分鐘就難治一分。
- 一、醫生未來之前。每半小時。要用硼酸水洗滌一次。(硼酸各藥房都有。幾分錢都可以買)洗去。將眼皮大開。用溫

(六)

和硼酸水沖洗。務將眼內膿汁洗出。

- 一、洗眼用過的棉花。小布。小巾。硼酸水。都要棄去。因為能傳染病菌。旁的小孩。都不要與眼膿接觸。
- 一、切莫誤信人言。用母乳或茶來洗眼。用硼酸水頂妥當。

人工乳兒法

(甲)代乳品——牛乳

- 一、母乳之適於嬰兒生長。是沒有絕對適當代替品的。
- 一、新鮮而潔淨的牛乳。酌量補救。隔水煮開來吃。乃唯一的代替品。(不得已而用代乳粉豆漿等。辦法另詳)
- 一、代乳粉等。非不得已不要用。既不新鮮。調製如不適宜。甚易致疾。

(乙)調製法

- 一、用市上或鄉間極清潔的牛乳。(如係瓶裝。搖動再用。)按嬰兒月分的大小。及消化力的強弱。照下列稀釋辦法。酌量增減。能請醫生指示。為最妥當。
- 一、自第三日起。普通嬰孩。平均每日應給以四湯匙的乳。用十六湯匙開水沖稀。再加一湯匙的石灰水。及兩茶匙的糖。全量分作七次喂。

石灰水的做法。用純潔石灰一小塊。約三四格蘭。放在一乾淨碗內。先滴水數滴於石灰上。放置十分鐘。再加蒸溜水或冷開水二百喱。攪拌之。俟石灰下沈後。先將初次上面的清液倒去。再加同量的水。時時攪拌之。將全體傾入

一清潔瓶內。以木塞塞之。用時取其清液即可。

- 一。一星期後。平均每日應給以十湯匙的乳。用二十湯匙開水沖稀。再加二湯匙的石灰水。及一湯匙的糖。全量分作七次喂。



- 一。此後每四日增加乳汁一湯匙。每八日增加開水一湯匙。
- 一。三個月後。平均每日應給以三十二湯匙的乳。用三十二湯匙的水沖稀。再加三湯匙的糖。及四湯匙的石灰水。全量分作六次。每日並可

給以橘子汁少許。

- 一。此後乳汁每六日應增加一湯匙。開水每二星期應減少一湯匙。
- 一。六個月後。平均每日應給以四十八湯匙的乳。用二十四湯匙開水沖稀。再加四湯匙石灰水。及三湯匙的糖。全量分作五次喂。
- 一。此後每星期增加乳汁一湯匙。
- 一。上項增加。如小兒消化甚佳。時常覺餓。可以照辦。如不覺餓。就不必增加。但如消化不良。雖覺餓。亦不必增加。
- 一。六個月後。可給以稀飯大麥湯。及白菜菠菜或蘿蔔湯少許。

一、九個月後。平均每日應給以六十湯匙的乳。用二十湯匙的開水沖稀。再加二湯匙的糖。及四湯匙的石灰水。全量分作五次喂。此時煮爛蔬菜。如青菜菠菜蘿蔔等。均可少吃。

一、所加的糖。應蔗糖或乳糖。或麥芽糖。均可。

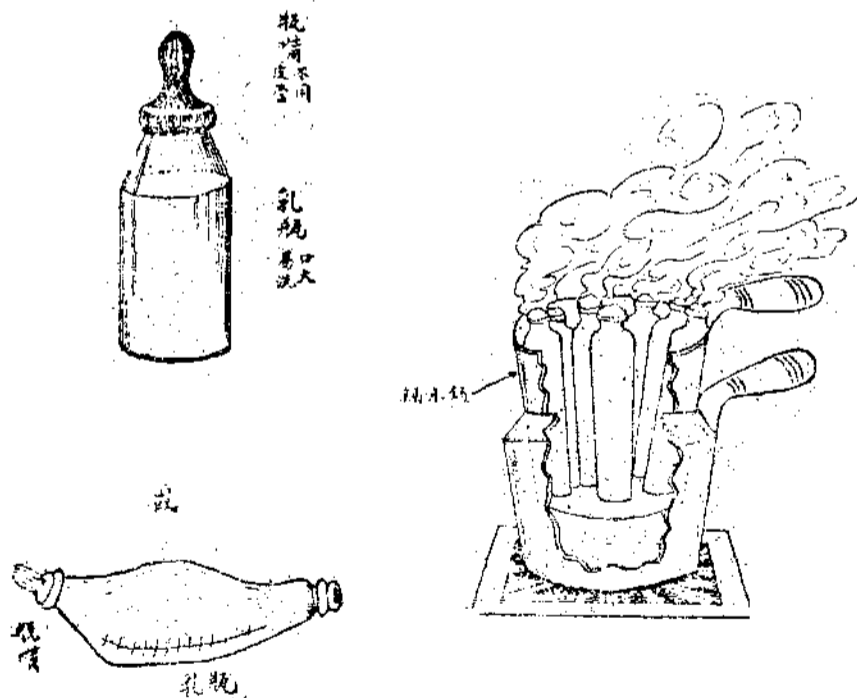
大麥湯或米湯

三個月後。可用稀薄大麥湯。代開水來沖乳。做法可用半湯匙大麥粉。和三十二湯匙的水。煮二十分鐘即得。

米湯。就是平常煮飯的米湯。或稀飯汁。

六個月後。大麥湯可用一個半湯匙的麥粉。和二十四湯匙的水養成。

九個月後大麥湯可用三湯匙的麥粉。和十六湯匙的開水。



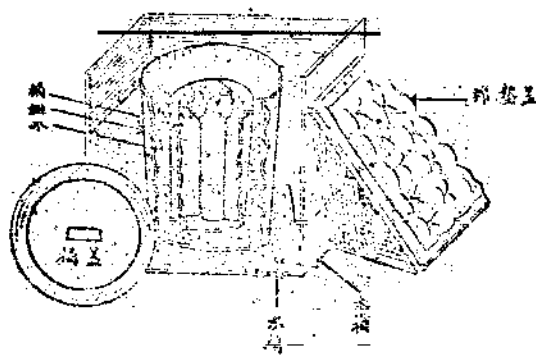
養成。

- 一、身體壯大的嬰兒。照此分量。可酌加。身體弱小的。可酌減。

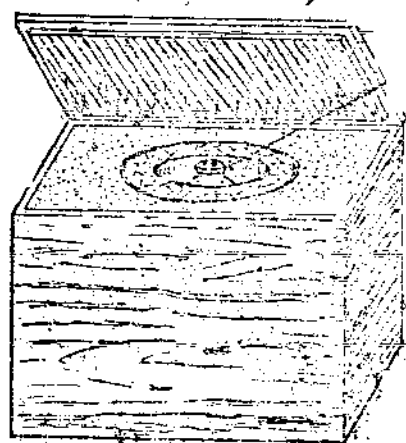
(丙) 煮乳及當心瓶與瓶嘴

- 一、應買下圖所示的乳瓶八個。瓶嘴一打。隔水鍋一個。
- 一、照上節所開各分量。配齊後。就按照每次飲量。裝入各清潔乳瓶中。每瓶瓶口。用消毒棉花塞住。放在隔水鍋內。鍋內水開。再放在火旁三十分鐘。

家製冰箱內容



家製冰箱外形

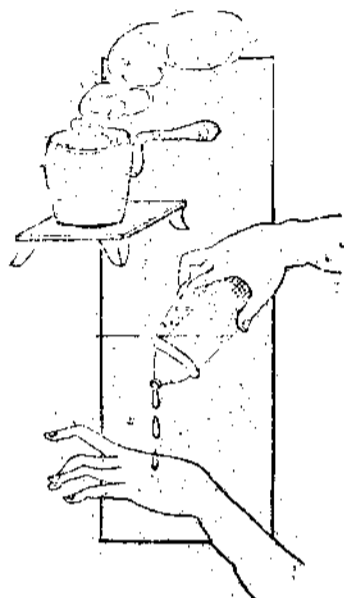


- 一、三十分鐘後。俟少冷。再將各瓶放在冰箱內。以防變壞。

- 一、家製冰箱甚廉。可照下圖做製。

- 一、喂乳時從冰箱內取乳一瓶。置水鍋內。煮至適當溫度。

- 一、試乳的溫度。切不可用大人的嘴去嘗。要照下圖去試。



- 一、喂時應先將瓶乳搖動。
- 一、每次喂乳後。乳瓶應立刻用水洗過。再浸在胰子水內或硼酸水內。然後用刷子洗滌。洗滌後。在用前。必須放在水內煮沸一次。
- 一、務要買上面那樣的瓶子和瓶嘴。長皮管子的乳嘴他洗滌不便。這樣瓶嘴。可以內外洗滌。洗後也要放在水內煮沸一次，用淨巾揩

乾。放在有蓋的玻璃缸內。或蓋碗內。

- 一、喂乳用的瓶子。瓶嘴。調製時用的杯碗。都要煮過再用。調製人的手。也要用胰子洗滌乾淨。
- 一、安瓶嘴時。務要先洗淨手，切不可用髒手接觸瓶嘴。

(丁) 喂乳法

- 一、最初。嬰兒應每三小時喂乳一次。不可再多。晚間至十時為止。十時後。只喂一次。一晝夜共喂七次。
- 一、四個月後。晚間十時後。可以不必再喂。一晝夜共六次已足。
- 一、喂嬰兒的喂。必須先令溫和。
- 一、喂乳時。應將乳瓶拿起。不可令其傾倒。
- 一、喂乳後。應將小孩抱起。豎直。在背上輕輕拍拍。令其胃中空氣外出。然後放在牀上。切不可用搖牀亂搖。
- 一、小兒吃乳後。不可隨便玩弄。致令顛簸。

- 一、空瓶不可令小孩吮吸。亦不可令小孩含着瓶嘴睡覺。
- 一、如瓶中乳汁。一次未吃完。所餘的應當棄去。切不可再熱令小兒再吃。
- 一、每日應給以多量溫開水。夏日天熱，更要緊。
- 一、九個月後。可給以各項肉湯雞湯或牛肉汁。但切須去油。每日一次。約半茶杯至一茶杯。
- 一、十個月後。可給以嫩蛋。餅干。麵包等。易消化之物。
- 一、十一個月後。所飲牛乳。不必稀釋。除堅硬不易消化食品外。稀飯及軟嫩易於消化食物。皆可令吃。
- 一、不可給小孩以過多之食物。有時小孩哭鬧。常為食物過多不易消化所致。務宜注意。

嬰兒夏日衛生

(甲) 吃人乳的嬰孩

- 一、人乳在夏日。最為相宜。
- 一、吃人乳的嬰孩。有很重的瀉痢病的。很少。
- 一、如覺嘔吐。或不消化等病。多半因為喂乳太勤或過多，有時因為乳母有病。乳汁不好。
- 一、夏天喂乳次數。宜較少。
- 一、每隔四小時。喂乳一次。但宜常常給他溫開水喝。

(乙) 吃代乳的嬰孩

- 一、吃代乳的嬰孩。比較易得瀉痢病。如得此病。並且常常很重。

- 一、所用代乳。必須清潔。並放在冰箱內保存。
- 一、製備時。必須煮開。
- 一、盛乳的瓶。和瓶嘴。每日必煮開五分鐘。並絕對保持清潔。
- 一、在炎熱的時候。喂乳次數應當較少。但宜多給溫開水喝。

(丙)一般衛生

- 一、衣服宜輕鬆。炎熱時只要肚臍包裹。穿背心。或小衫一件。並尿布一方。就夠了。
- 一、早晚應該洗澡。炎熱時。中午也應洗一次。洗後拭乾。再用撲粉。
- 一、換下尿布。應立刻洗滌。最好煮過。



- 一、應令多吸新鮮空氣。除非天氣不佳。多讓嬰兒在屋子外面。
- 一、不可受夏日直晒。除中午天氣較熱。房內比較涼爽。應該在屋裏。早晨及太陽西下後。都可將嬰兒放在外面。

- 一、常帶嬰兒到公園。海濱。或鄉間去。

(丁)夏日瀉痢

- 一、預防瀉痢較易。醫治瀉痢較難。
- 一、預防重症瀉痢的要法 (一) 要將所吃的乳煮開 (二) 在炎熱的時候。要將乳稀釋 (三) 如瀉痢已見。要立刻停止食

(一三)

物。

- 小兒大便變稀。雖每日只二三次。也不可怠意。就應將所吃的東西。用開水對稀一半。每次並要比尋常少吃。
- 一 如大便次數增多。並作嘔。發熱。應立刻停止各種食物專喝溫開水。並即延醫診治。
- 停止食物十二時後。可喝米湯或大麥湯。
- 一 初起時。格外當心。勝於多日的醫治。

吐 痰 (衛生部編衛生淺說之一)

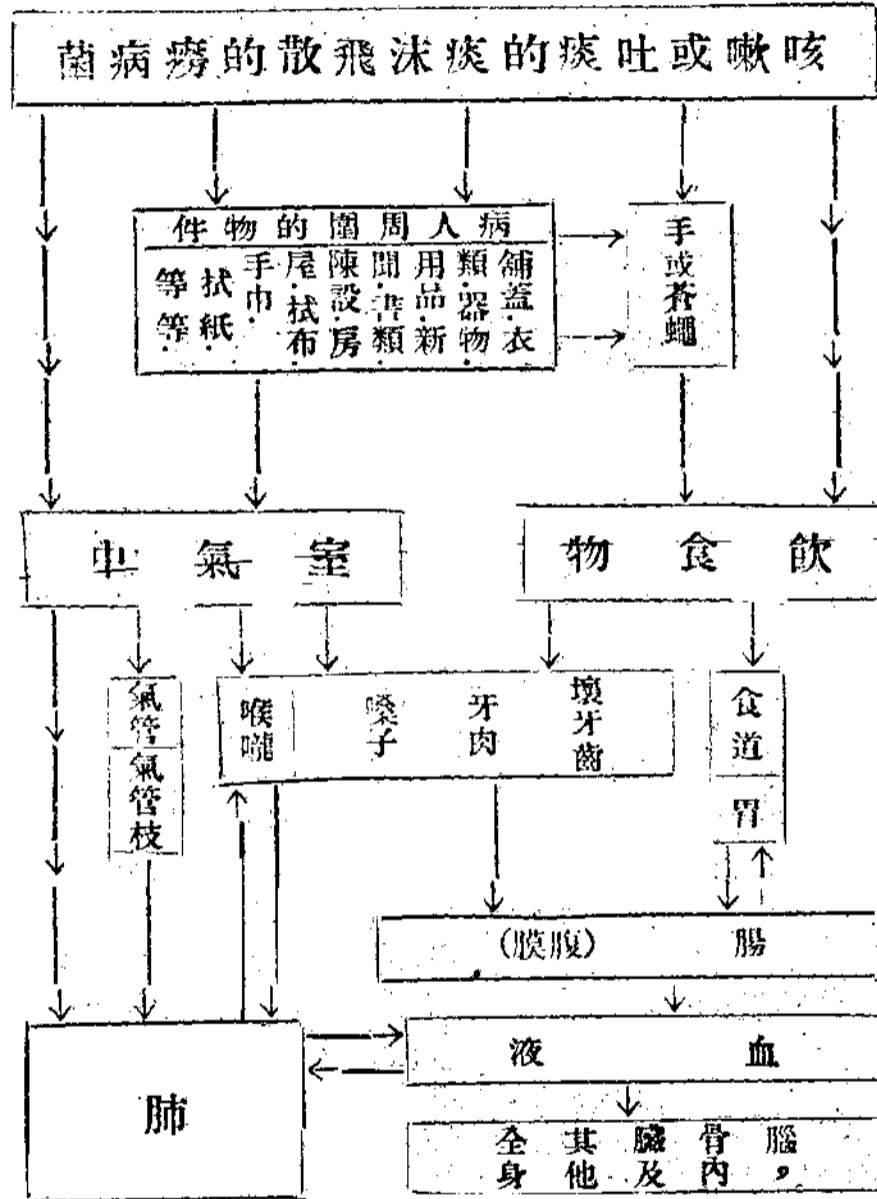
癆病。是由癆病菌生的。菌。就是微生物。是一種用肉眼看不見的極小生活物。假如把牠們用一種名叫顯微鏡的。特別放大。那就可以看見了。如果沒有癆病菌。決不會起癆病的。癆病菌散布的範圍。非常廣汎。所以很多人常常在不知不覺之間。因為接觸了這危險物。就受癆病的感染。但是癆病菌。雖然廣汎存在。可是牠的濃度和牠的毒力。各處是很相差的。像飛散在空氣中的。通常是極稀薄。並且毒力很微弱。反過來說。癆病人的痰。他的痰沫。是最濃厚。並且有強毒的危險物。假如數目字把牠們的強度表現出來。空氣是和一相當。痰就是和一億到百億相當。可見痰傳播病毒的厲害。癆病菌增殖的地方。是在病人的病部。雖然在體內包藏無數的癆病菌。當肺病之初期。牠沒有夾在痰裏排出體外的時候。痰沫在傳染上縱無何等危險的意味。過了一定的時期肺癆病。病菌會混在吐的痰。咯的血內。排出到體外或是病人把痰咽下。混在糞便內。多

量排出。或者病人自己竟患腸癆。從糞便排出。又像是腎癆。膀胱癆。病人的某時期。也可從尿中排出無量的癆病菌。這就全有傳染的危險了。此外鼻汁。眼的分泌物。膿汁。病汁。血液等。也是癆病感染的原因。凡這些癆病菌排出的淵源。都不可大意忽略。就中癆病預防上。頂要緊的。便是痰。現在把痰按危險程度來說。又分四種。第一。是病人吐出的痰。包括痰盂和粘痰的布或紙在內。第二。是病人的咳嗽。噴嚏。噴出的痰沫。包括對談。說笑的痰病在內。第三。是病人的吐痰或咳嗽的痰沫所附着的一般物品。飲食物。並手指。第四。是痰或痰沫乾燥後。隨灰塵散布的空氣。就這四種。論牠的危險性大小。是和牠們的順序。是一樣的。吐痰是很要注意的。癆病菌是沒色的微生物。假設把牠們作為紅色時。那麼。痰便是很濃的紅色了。至於病人的寢具。周圍的物品。也可認作點點的紅色。看護人的手指。也可染為紅色。痰的顏色濃就是表示重要的意思。痰的粘着力很強。痰沫很容易附着到物體上。隨時隨處。都可停留。雖然是以後乾燥剝離難。能減少危險性。但是反而能長久保存。牠對於乾燥的抵抗力。非常的強。經過數月。時而數年。仍不失去牠的生活性和感染力。這乾燥痰。漸漸便磨碎。隨着風塵。或者和衣服。紙。布等的細絲。一同飛散在空氣中。便得侵入人的呼吸器中了。又蒼蠅。很好舐痰。或者把痰粘着在蒼蠅腳上。更由牠飛搬到人的口邊。或食物上。又或飛到鄰家。遠到遠方。隨時隨處。都易傳播癆病菌。所以感染上最危險的。就是痰。不過在癆病感染的強度。新痰或乾

痰。有很大的差異罷了。從病人的咳嗽。噴嚏。將痰的痰沫。直接吸入的。這是新痰。危險性大。感染力濃厚。若是吸入有極稀薄乾病癆病菌的空氣。這是乾痰沫。危險性小。感染力微弱。在這兩種的中間。還有種種的階級。可見隨時隨地亂吐痰。是很不好的事情。不問危險大小。都能傳染人。癆病菌侵入到體內。不直即發病。如到了肺。便成了肺癆。也是不直即發病的多。費數月到數十年。漸漸蔓延。但是癆病菌。也不限於常是這樣緩慢進行。假如又得着適當的侵入機會和增殖的方便。也有急速進行的。所以癆病的發病時期。在感染後。早則數十日。遲則數十年。而發病的症候。有很明瞭的。也有全然不明的。現在把癆病感染的根苗。和發病的樣子。畫一個圖在下頭。用個箭頭指示走的路途。表示癆病菌的傳播情形。也就可見吐痰的危險了。

由下列圖中可見咳嗽或吐痰的痰沫飛散的癆病菌。傳播散布。是很廣汎的。借此就能把癆病傳染給人。人人相傳，都賴着痰。痰就是癆病傳染的媒人。現在再把牠傳播狀況簡單摘要說說。一個肺癆的病人。可以在二十四小時內。咳出的癆病菌多到數千萬個。當病人大咳的時候。每每由細微的痰沫。從口內噴出。凡在三四尺以內的人。都可受牠危害。這痰沫。不如直接去侵犯人。就掉在地上。不久即乾。借着塵埃。飛散。在痰的含粘液的。牠乾了時。黏的牢固。就是要洗刷。也不容易。便成了傳染的預備物件。凡是痰。吐在地上或電車。火車中。以及公共的地方。都大有害於人。有時我們的鞋底或裙邊上

苗根的染感



• 如果粘了沒乾的痰。和生活的菌。就能夠把菌引到我們家內。
 • 漸漸成了塵埃。假如是在太陽光不足的地方。那菌的生命。
 更活的長。也就是我們的生命。更要招傳染的禍。因為菌在幽

暗的地方。雖不能自動。可是掃帚。雞毛帚。每能幫助牠飛揚。散在家用的物件上。凡用這物件的。就有吸入病菌的危險傳染癆病的機會。所以千萬別隨時隨地吐痰。以免去這病菌的廣播。吐痰。總要吐在痰桶或痰盂等內。如防蠅子的飛着。痰盂。可以加蓋。痰桶內可以加水。如果能在痰桶內加上消毒防疫用的臭藥水。那更好了。假設能自備相當大的乾淨紙或新棉紗或布等等。當一時找不着痰桶。痰盂的時候。就吐在牠們上頭。隨即把牠燒了。那更好。又當着不論是自己還是他人。咳嗽噴嚏的時候。要用這紙或棉紗或布或小手巾等。將口鼻遮一遮。不得已用手也可。以防飛散痰沫的來侵犯。萬一有時和癆病人談話等時。也要同樣留意。這紙棉紗布等。也要同樣消毒。在屋內。車內。土地上。地板上。無論何處何地。都不要隨意吐痰。人人都要這樣。時時都要這樣。要互相小心戒勉。以杜絕減少癆病的發生。此外還不要把痰咽下。以免損害食慾。發生腸癆。並且使癆菌存在糞便內。排出散布。所用的痰桶。痰盂等。也要隨時消毒。牠的消毒法頂好的是蒸養。如不易做到。簡單方法。是用開水來再三沖洗。多晒日光。

Ante and post mortem examinations of buffaloes

No. of buffaloes 10128

Ante mortem examination of sheep and goats (killed in the Settlements)

No. of goats and sheep 13 89

Ante and post mortem examinations of goats

No. of goats 20268.

A word of appreciation to the hard work of the fourteen veterinary inspectors who have no rest on Sundays and no holidays with hands full to fight against odds for the health of meat consumers indiscriminately for the Chinese and foreigners alike marks the nobleness of the veterinary profession. To the much accredited public health worker-the commissioner who pushes the work through thick and thin, he deserves the credit.

By C. C. Wang D. U. M,

FIRST ANNUAL REPORT OF THE SCHOOL HEALTH
SERVICE, BUREAU OF PUBLIC HEALTH, THE
CITY GOVERNMENT OF GREATER SHANGHAI.

INTRODUCTION

Health work for Shanghai municipal schools has been carried out on a cooperative bases between the Rockefeller Foundation and the Bureau of Public Health. An agreement was reached and a budget (Budget no. 64833 of the Rockefeller Foundation) was mutually accepted on December 19th, 1928.

Work was started on April 1st, 1929 under the direction of Dr. T. A. Li. Owing to the limited amount of fund and the lack of personnel, only fourteen municipal schools with

9045 students were chosen to receive the benefit of the service. The work then was carried on by three doctors and four nurses. Later on account of the request from other schools, six schools were added to the original list; but one of the same list was dropped due to the lack of cooperation. The actual number of schools which enjoy the service is nineteen in number and the school population is 10710. A staff of three doctors and six nurses carries on the work.

The service to certain extent was not smoothly carried on as it should be due to the changes of field directors, such as Drs. T. A. Li and C. K. Chu. Later the head nurse Miss Shih, also resigned for a similar position in Woosung. The service was actually under the direction of Dr. C. C. Sun.

Work has been carried along the lines adopted at the beginning of the service. It was rather difficult to make any ~~statement with regard to the value and result of the different~~ phases of the work for so short a period of time. What has been so far accomplished, however, will be discussed under the following topics.

WORK DONE

(1) Physical Examination.

According to the plan for the first year, a complete physical examination is to be given to every student. The work shall be done by our own doctors and nurses together with the school teachers conducting examinations three times a week during the afternoons. In average, six examinations per hour per doctor is just about the right. A complete record is kept in a personnel record card for each student. ~~All the physical defects found and kept in the above record card are transferred~~ together under each student's name to a defect record book for follow up work. The work is greatly handicapped by the

lack of heating system in schools during the winter; it is suspended for almost two months to avoid unnecessary exposure of students to cold.

Defects found among the 10710 students are as follows:

Number of Defects found and their
Percentage to the total school population (School Population 10710)
and the Percentage to the Total No. of Defects.

Names of defect	No. of affected students	Percentage to the total students	Percentage to the total of defects
Trachoma	6564	61.5	25.8
Teeth	5148	47.9	20.0
Tonsils	3406	31.6	13.4
Vision	2495	23.3	9.8
Glands	2480	23.2	9.8
Phimosis	1423	13.2	5.6
Nutrition	1081	10.1	4.2
Hearing	751	7.0	2.9
Anemia	463	4.3	1.8
Skin and Scalp	426	3.9	1.7
Hernia	336	3.2	1.3
Lungs	225	2.1	0.9
Ear diseases (other than hearing)	203	1.9	0.8
Heart	149	1.6	0.7
Eye diseases (other than trachoma)	136	1.3	0.5
Nose	47	0.4	0.2
Orthopedics	42	0.4	0.17
Spleen	28	0.3	0.1
Thyroid	7	0.06	0.05
Others	42	0.4	0.2
Total defects	25462		100.0%
Average defects per child =	2.38		

A further study of the above table shows that trachoma has an extremely high incidence. It is almost two times higher than figures given by the Peking Health Demonstration Station. Significance of these two figures is worthwhile considering, since standard on which the diagnosis of trachoma is based, is the

same one described by Dr. T. A. Li.

Defective teeth are lower than figures of the United States and European countries.

Malnutrition shows also a high incidence. Nutritional classes though badly needed, is impossible to be in operation under the actual financial conditions.

Diseases of the skin and scalp are in the majority cases of scabies and tinea. The distribution of these diseases in the 19 schools is proportional to the wealth of the section of the city in which the school is located. Several schools in the rich section are practically free from these two diseases while those located in the poor sections are liberally infested.

Ricket is practically absent in Shanghai, this explains perhaps the low percentage of orthopedics defects.

~~(2) Correction of defects.~~

Attempts for the correction of defects are carried out through different channels:

Doctors holding clinics in schools are instructed to correct the defects that can be done in the school clinic.

Two part-time dentists with full dental equipments hold clinic every morning in the Bureau's office for treatment of defective teeth.

One part time E. N. T. specialist holding clinic every other morning is engaged for treatment of defects along this particular line. His work is especially emphasized for the treatment of trachoma. Unfortunately this specialist resigned after three months and the place is still vacant owing to the lack of competent person.

~~Special arrangement with two oculists makes possible for eye glasses at a very low price.~~

The Red Cross General Hospital has agreed to take charge

of all surgical treatments needed for the correction of defects at half rate to that charged for 3rd class ward patients.

It is hard to say that this phase of the work is proved to be effective. The causes of this failure may be considered under the following points.

(a) Lack of cooperation of the school teachers and parents.

Most of the teachers still have the conception that a school health service is simply the work of a physician visiting the school at regular interval and giving treatment for ailment that a child happens to complain on that day. Significance of preventive measure is unknown to them and correction of defects found, seems to them useless, since the child does not make any complaints, and therefore is not in immediate danger. Parents, when told about the defects of their children usually hold the same view and in addition a certain amount of suspicion often arises when home visits are made. In many instances our nurses though wearing uniform, are considered by the parents as optical firm's saleswomen, when they are trying to obtain permission for glasses to correct the child's defective vision.

(b) Conflict of native medicine with modern medicine: The average people still believe in the saying of the native herbist. Modern conception of defects and their method of cure are all extremely unbelievable to them, therefore adding more difficulties to secure their consent. Knife is a dreadful instrument for them and consent for surgical case is extremely difficult to secure, unless the child is in imminent danger and often after the herbist has failed in his miraculous cure.

(c) Surcharge of the nurses in clerical work: Nurses spend too much time in preparing all the necessary records, thus no sufficient time is allowed for follow up work.

- (d) Discouragement of the staff: Doctors and nurses of the service are easily discouraged when their attempts for correction have failed because of the refusal from parents. This can be remedied only by repeated encouragement and stimulation from their superiors.
- (e) Lack of transportation facilities: Clinics for correction of defects are situated either in the Red Cross General Hospital or in the office of the Bureau. Many schools are located several miles away from these clinics. In addition there is no effective means of transportation whereas it takes often more than one hour to send a student to the clinics. With the necessary steps for registration and treatment the whole morning is usually taken away. The teachers feel naturally that the student is spending too much time in the correction of his minor defects. Such cases are especially true when surgical treatment of trachoma and filling of decayed tooth are involved which usually require several trips before the defect is corrected.

Summing up, the failure of this work lies primarily in the unwillingness on the part of the parent. We do believe though, by insisting repeatedly on the importance of this work combined together with educational methods, these difficulties will be overcome little by little.

(1) The trachoma clinics. The incidence of trachoma being extremely high, it is planned by the Service that a special trachoma clinic be held in each school. Teachers are equipped with copper citrate ointment and taught the method of application. Three times a week, at the end of the day, the teacher is to assemble his pupils suffering from trachoma and give to each student an application of the ointment. This sounds theoretically to be a very good plan; but a check on the work shows that the teachers are not as responsible as expected.

Clinics are conducted in the most irregular way and in some instances weeks are allowed to pass without giving any treatment. Clinics conducted in such a way naturally do not give any result.

(2) The dental clinics. The work along this particular line is quiet satisfactory. Work is steadily increasing. It may still make more progress if an additional dental chair could be secured or a bus service be employed. It is planned to send a dentist to the schools thus relieving the students to make unnecessary trip for minor cases.

(3) Examination of feces. The examination of feces is started at the beginning of the fourth quarter of the year. The routine examination is started in the Lung Teh School. A total of 149 students are examined, giving the following results:

Eggs of Ascaris	59
Eggs of Tape-worm	1
Whipworm	13
Free from parasites	40
Total	119

Every case found with intestinal parasites is treated with vermicides. The result is as follows:

	No. of cases	Percentage
6/10 Parasites found in stool	91	61.0
2/10 No. parasites found	29	19.5
2/10 No. attention is paid to stool	29	19.5
Total	149	100%

It is planned to have another stool examination of these students to be sure that they are free from intestinal parasites.

(4) Home visits. Nurses are instructed to make home visits to obtain permission from the parents for the correction of defects. This phase of the work is far from being satisfactory.

Most of the nurses have never had such kind of training. The conservative attitude of the parent adds another difficult step. Beginning from the 4th quarter of the year, Miss T. C. Yang having had 3 months training in the Peiping Demonstration Station is transferred to the Service from the Rural Health Station. It is hoped that she will lead the way in this work. The clerical work is also an objectionable factor. The nurse after the work in the schools has still to spend one or two hours to put in shape the different reports and records, home visits are made only when she has a little time free from other duties. Practically she has only one or two hours per week which could be allotted for such visits. Difficulty of transportation is another factor, usually more time is spent in travelling than in the visit itself.

(5) Morning Inspection. This phase of work is started in the second quarter. Doctors and nurses is to demonstrate the procedure to the teachers; then they are requested to do it every morning. Most of the school failed to carry out and some others did it irregularly. In the third quarter the Bureau of Education began another form of morning inspection without having consulted the service. The schools failed to comply to neither of them. If no understanding between the Bureau of Education and the Bureau of Public Health is reached, this work will never be done as a daily routine.

(6) The Health Common Sense Test. A health common sense test is given in order to see how much health knowledge has been imparted by the service to the students. The forty one municipal schools located in the City are divided into two groups: in the first group are those schools that have the benefit of the school health service and in the second group are those without school health service. Five thousand and twenty six students of the fourth, fifth and sixth grades are examined.



VITMOL AND VITMOL COMPOUND

The Two Tonics for China's Teeming
Millions. Young and Old

Prepared by

H. K. MULFORD COMPANY

Manufacturing and Biological Chemists

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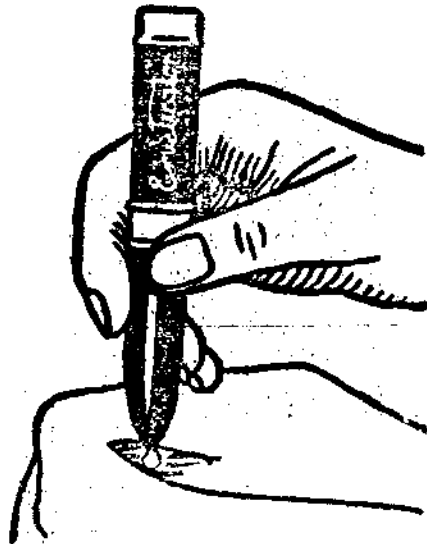
Sole Distributors:—

MUSTARD & CO., LTD., Shanghai and all Branches

衣勒絲去漬藥水

無論絲綢麻紗
各種細軟織物
如被鐵銹墨漬
菓汁藥水草色
顏料等等污漬
所沾染之時可
用一衣勒絲一
去漬藥水去垢
出新不但藥力
神速且不損壞
原料并不退色
試用便知在美
僅售美金五角
如欲經售一衣
勒絲一去漬藥
水者請逕函本
行可也

Now Watch
the
Stain
Go!



「衣勒絲」
數滴
漬痕立去

ERUSTICATOR

A few drops of ERUSTICATOR will remove rust stains, ink stains, fruit stains, chemical stains, grsss stains, dye stains, and many other stains, from the MOST DELICATE FABRIC.

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浙江月報

本報由全浙公會發行集合兩浙名人文士之心思才力以督促政治改良社會為職志而於教育實業交通水利農林漁鑛種種建設實利事業尤為極力鼓吹持論公正內容豐富每期五十頁用十八開報紙精印定價每冊一角五分半年六冊八角全年十二冊一元五角郵費在內郵票十足代現

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里一五六一號浙江月報社



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