

Pediatric Pointers

By JOSEPH T. BELL, MD

Indian women have always been smart and resourceful people. An example of this is evident in the way Native women watched after their infants. Remember that in many Indian cultures, the woman was the primary worker; she was not only the cook and cleaner, but she also gathered and worked the fields. The women saw the need to keep the infants with them while they worked, not just for safety sake, but to also strengthen the bond of mother and child. They often accomplished this by using a cradle board (sometimes called a baby board or papoose). The child would be bound into the opening of the cradle and then the board was strapped to the mother's back while she worked or travelled. The cradle board and child could be hung on tree limbs to keep the child out of the reach of preying animals roaming the grounds. Hanging the cradle on swaying limbs also helped rock the babies to sleep. Pretty smart, huh?

These days we have other ways of watching infants at home. Probably the most popular device used is the infant walker. Most parents view walkers as being safe sources of infant stimulation and activity. More than 70% of infants, usually from age 3 months to 12 months, use infant walkers. Unfortunately, walkers often substitute for good parental supervision. Therefore, almost 50% of all infants using walkers are at some time involved in a walker-related accident. The most common injurers seen with walkers include those from falls

down stairs, tipping over and trapping fingers against something. The probability of an accident increases with the time spent in a walker; falls occur in less than 30% of infants who spend less than 2 hours a day in a walker, but the percentage increase to 55% for those in the walker over 2 hours a day. It is discouraging to know most accidents occur with at least one parent somewhere in the house.

Fortunately, most walker accidents are minor and do not need medical attention. However, some of these accidents are severe. One medical study I read said that for children under 2, walker accidents were the third leading cause of head trauma. Some of the injuries reported included skull fractures and inflammation of the brain.

We must remember that the muscle used for cruising in a walker and walking are different muscles; therefore, walkers do not teach an infant how to walk sooner. In some infants with cerebral palsy, it probably even delays walking. Keeping all this in mind, we as parents should be cautious about the likelihood of walker-related injuries, especially in unsupervised infants who spend a lot of time in walkers. Their use is discouraged by the American Academy of Pediatrics. I personally feel they can be used, but only with the closest supervision.

Like our ancestors before us, let's always be thinking of safe ways to care for and supervise our children. See you next week!

ROPE MAKING

J O J G D A X V S O N K I F D
 A X N V T Q O M J G A H F C A
 Y W U I R P N L N B J H F D B
 Z X G V H T R I A Q O M K I Y
 D H F N D C T C S B S Z S A Y
 R W V S I S A L T R H R R O S
 Y O N L I H N E U Q E N E H T
 I K I W H H S F L D A V B C A
 N E T A E B A U Z B F X I W L
 G V U M S D N A R T S S F L K
 R Q P O N M G N I B M O C K S

Find the listed words in the diagram. They run in all directions-forward, backward, up, down and diagonally.

Abaca	Combing	Sheafs	Strands
Beaten	Drying	Steel	Twisting
Bleaching	Fibers	Silvers	Yarn
Brushing	Henequen	Stalks	

REFLECTIONS

by Alta Nye Oxendine

Our Anniversary
 If Leon had lived, we would have celebrated our 34th wedding anniversary on August 25.
 On the night when I last saw my husband and sons alive (a few weeks before our twenty-first anniversary) something simple happened that I will never forget.
 It was around 2:00 a.m. and he rushed down the hall toward the carport. Leon commented, "We should have left 30 minutes ago." Some farmers would just plan to spend the night at the Farmers' Market (Raleigh). I knew Leon wanted to get there in time to complete for the sale of vegetables. Since he was in such a hurry, I was going to follow Leon out the door for a brief good-bye. To my surprise, he suddenly made a right angle, stepped into the kitchen, and walked toward me wearing his special boyish grin. He leaned over, giving me a quick, gentle kiss. And I automatically pulled him toward me for a hurried hug. No words were exchanged.
 No big deal, right? How could either of us have known how much that spontaneous moment of non-verbal communication would mean for the future? As they say, it will be forever "etched" in my memory to continue encouraging and sustaining me in the midst of other regrets, like not telling my boys good-bye.

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Southeastern General marks 40th year with name change

Forty years ago, on August 19, 1953, Southeast General Hospital, then known as Robeson County Memorial, opened its doors on West 27th Street in Lumberton. The 140-bed facility replaced the old Baker-Thompson Memorial Hospital's two structures dating from the early 1900's.

On Sunday afternoon, August 22, Southeastern General again opened its doors to the public to observe its fortieth anniversary at a rededication ceremony in the hospital's dining room.

Hospital officials also announced a name change for the facility. This change was prompted by the institution's growing role in providing health care services throughout southeastern North Carolina, according to Donald C. Hiscott, president and chief executive officer. The new name, Southeastern Regional Medical Center, is effective January 1, 1994.

Speakers representing the board of trustees, the administration, and the medical staff were: W.L. Lennon, board chairman from 1972-73; James D. DeVane, the hospital's president from 1952 until his retirement in 1976, who accepted the keys to the new hospital building in 1953; and D.E. Ward, M.D., a general surgeon who is the only active member of the current medical staff to participate in the 1953 opening.

C. Edward McCauley, president of the North Carolina Hospital Association, delivered the keynote address at the rededication ceremony. Music was performed by the 82nd Airborne Division (Ft. Bragg) All-American Dixieland Band.

Three local ministers participated in the ceremony. They were: Rev. E.B. Turner, First Baptist Church, Second St., Lumberton, who delivered the invocation; Rev. Audrey Holmes, United Methodist Church of Rowland, the prayer of rededication; and Rev. Steve Jones, Harpers Ferry Baptist Church, Pembroke, the benediction.

After the ceremony, guests enjoyed punch and cakes, decorated with the fortieth anniversary symbol and the new medical center logo. Tours of the hospital's Outpatient Surgery Center, Birthing Suites, and Cardiac Catheterization Lab followed.

Over the past 40 years, Southeastern Regional, a private, not-for-profit facility, has undergone four major expansions and grown to its present size of 276 acute care beds, 115 long term care beds, and 50 bassinets. Also since its opening, about 500,000 patients have been admitted to the medical center and about 75,000 babies have been born there.

Southeastern Regional has added to its array of health care services, since a corporate restructuring in 1982; a new nursing care facility; a chemical dependency treatment center; a home health agency; a uniforms/medical supply store; a lifestyle fitness center; and a primary care clinic in Fairmont.

From its opening in 1953 with 180 employees and a weekly payroll of \$7,000, Southeastern Regional has grown to a comprehensive health care center employing over 1,500 employees with an annual payroll of over \$35 million.

Two hospital employees on staff when the hospital opened are still employed at the facility. They are Jean Reeves, assistant director of nursing, nurseries, and Margarette Strickland, assistant director of nursing, supervision.

Near the closing of the rededication ceremony, Joseph R. Thompson, chairman of the board of trustees, announced a name change for the facility. Beginning next year, it will be called Southeastern Regional Medical Center, to reflect the greater range of health care services offered there and its expanded mission within the area of southeastern North Carolina.

A new logo for the medical center was unveiled and displayed for the guests and news media who attended the anniversary event.

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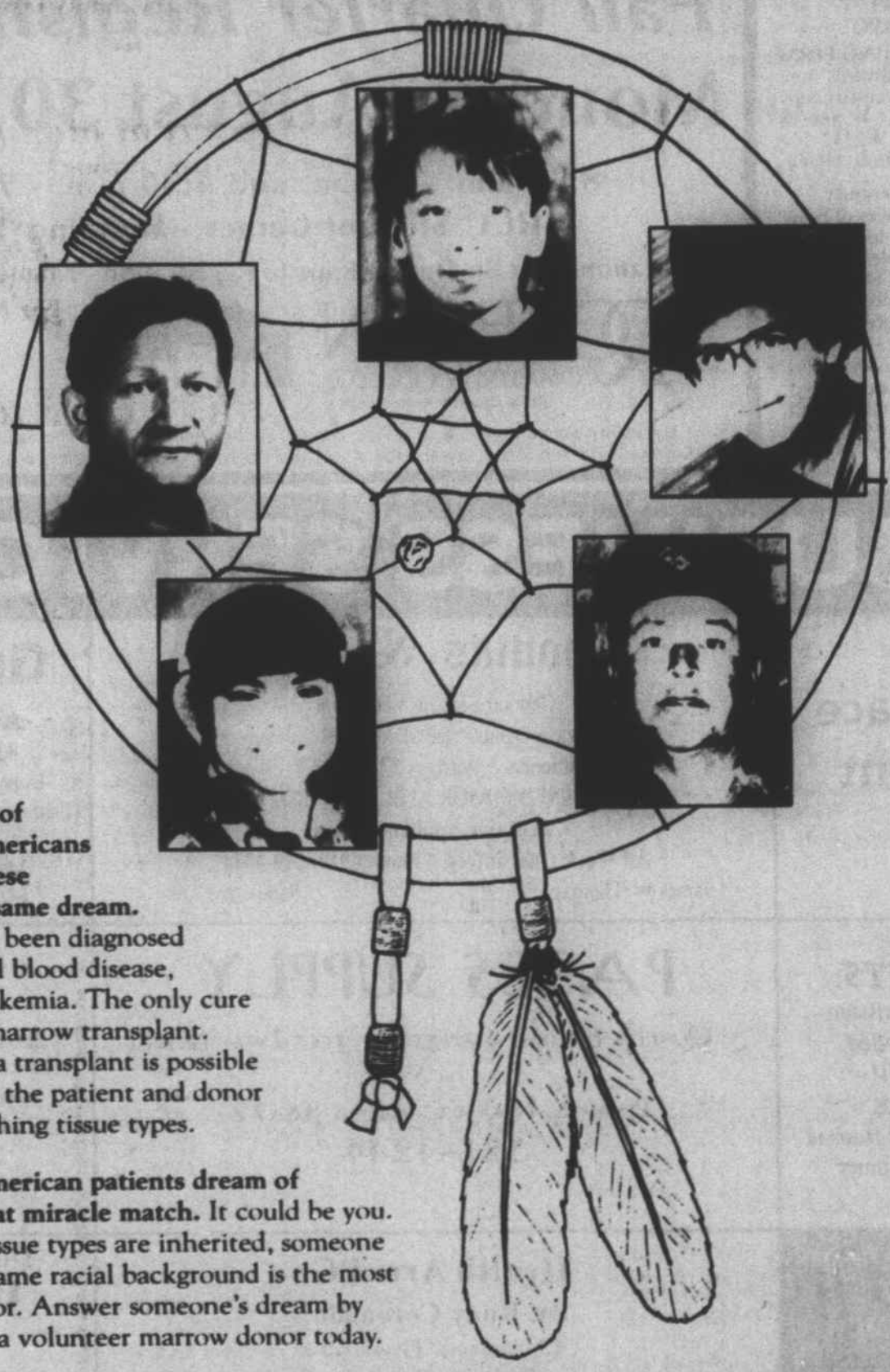
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