

widely used in India had become very difficult to obtain. Now along this same line they have prepared this new pamphlet dealing with the feeding of children when more than mild is needed. Various infant foods and breakfast cereals have become scarce and expensive. Many foods produced in India can be used instead of imported foods. The 15 pages of this pamphlet are divided into six sections, Nutritional Requirements; Planning the Diet; Weaning; General Remarks; The Preparation and Cooking of Foodstuffs; and, Recipes.

"Industrial Nursing, Its Aims and Practice." by A.R. Dowson-Weisskopf, S.R.N. (Edward Arnold & Co., London price 5s. net) Here is an interesting little book on one of the newer fields of nursing, and a field that is going to be of increasing importance in India as industry rapidly develops. Although the author is writing from her own experience in Great Britain, and the book is not applied to the problems and needs of India, the book is informative and interesting. There are many practical points that would be very helpful to any nurse going into this field of service, to any mill or industrial plant setting up such a service, or to any Matron placing before her students the various fields of nursing open to them.

"The Opportunities for Leadership for the Nurse in Industry." part of a lecture by Miss Mary P. Follett of Boston, U.S.A. reported in the *Nursing Mirror*, April 8 1944. Here is another view of the open door that stands before the nurse who thinks of going into industrial nursing. It puts stress on the relationship of the nurse to the executives and to the workers. It shows clearly under what conditions the industrial nurse increases production. Any one interested in this field will find help to clear thinking in this article.

"The Ideal Health Centre," "A

Real Health Centre," "The Place of the State Registered Nurse in Health Service of the Future." All these articles and others of interest to Health Visitors, and nurses who have the modern health point of view are in the *Nursing Times* of April 29, 1944. They are worth reading. They are worth thought.

Dangers of Misuse of the Sulphonamides" page 59, *Nursing Mirror*, April 22, 1944; **"Misuse of the Sulphonamides—2."** page 75 *Nursing Mirror* April 29, 1944. Everywhere today the sulpha drugs are being widely used. It is important that nurses know the dangers that exist. Here they are given clearly and a helpful table of possible complications is included.

"Points in Control of Cross Infection." Extracts from important official memorandum, page 39, *Nursing Mirror* April 8, 1944. These notes are extracts from a memorandum published by the Medical Research Council. They are full of principles that are fundamental to good isolation nursing. Rules are given for Isolation Nursing in cell or open ward, notes on the control of dust-born infections and haemolytic streptococcus infections.

"Delivery on the District, Practical points in Domiciliary Midwifery" by Miss G. Wollaston S.C.M., S.R.N. page 55, *Nursing Mirror*, April 22, 1944. **"Role of the Domiciliary Midwife in Ante-Natal Period"** by Miss E.M. Taylor S.R.N., S.C.M. D.M. page 73 of the *Nursing Mirror* for April 29, 1944. Both of these articles are of special interest and value to nurses, midwives and health visitors in India today. It is impossible for the hospitals of the country to provide the delivery service needed by the people of India. In all parts of the land domiciliary delivery services will be necessary. Read what is being done in other parts of the world, and think what you can do to help meet India's need.

Student Nurses Page

Indian Villages Need Trained Midwives

It was twelve o'clock midnight. At most all the mothers and babies in the Septic Labour Ward were fast asleep except a few who were groaning with pain here and there. There was silence all round, but it was broken by the loud

calling of a peon through the window, saying "Amma, Case". The night nurse sitting in the Nurses' Office ran with a big bunch of keys in her hand to open the gate for the 'case'.

In front of the gate stood a big

bullock-cart and inside it were three people. One, the patient, lying down on an old piece of sarie spread over some straw and the other two sitting beside her were her relatives.

As usual the nurse took the history of the patient which was as follows. She delivered at home at 6-30 p.m. that day and the labour was conducted by a barber woman (Dhai) as is the custom in most of our Indian villages. The baby died soon after delivery, the reason for which no one knows. The placenta was not expelled for a long time after the birth of the baby, and she had a lot of bleeding. Then the Barber woman, who would have looked like a great surgeon in the eyes of the patients' relatives and friends, put her hand inside her vagina and did some intra-uterine manipulations. What she actually did, no one knew, but we found out the next morning when Doctor examined the patient under an anaesthetic.

After getting the above history, the patient had to be admitted in the Septic Labour Ward of our hospital and on admission her condition was this:—Although she was a fairly well nourished middle aged woman by her general appearance, she looked very tired and dehydrated. Her abdomen was very tender and she would not even allow anybody to touch it because of the pain. At the same time the abdomen was much distended and this had made the Barber woman suspect the case to be a twin pregnancy and that one baby was still left inside the uterus. The discharge per vagina was watery and of a very pale red colour. Her temperature was 102°; pulse 120° and Respiration 32.

We did not dare to do anything in a hurry and as she had no bleeding there was no necessity for interference. We only gave her two pints of subcutaneous saline, an injection of camphor in oil 3grs. (Intra Muscular) and turpentine stupes for the abdominal distension and fluids by mouth as much as she would take.

The next morning Doctor decided to investigate and she was taken to the labour room and was put under complete anaesthesia (chloroform). When Doctor made a vaginal examination what she found was this:—Neither the placenta nor the cord could be felt anywhere inside the uterus or in the vagina. The uterine wall was ruptured and through that rupture the bowels were

protruding into the uterine cavity. It was supposed that the Barber woman pushed the placenta through this rupture into the peritoneal cavity. With great difficulty Doctor pushed away the bowels from the uterine cavity and then the uterus was contracting quite well.

Then it was too late for us to do anything for the patient. Her general condition and the temperature did not allow us to do an abdominal operation and there was a great liability to sepsis. So it was really a great pity to leave the patient to die a cruel death. Again we gave her an injection of Camphor in oil 3grs. (Intra Muscular) as her pulse was getting thin and an Intra venous injection of glucose 25% 150cc. After this she was put in a quiet private room away from the other patients. We continued our turpentine stupes (T.D.S.) but her distension was going from bad to worse. Even then her general condition was quite satisfactory till 4 p.m. when her condition suddenly became worse her pulse rate went up very high 140-150 per minute and patient was very restless and unconscious. So the relatives requested the Doctor to let them take the patient home while she was yet alive. So that she might die in midst of her family and friends. So we let her go home and we don't know what happened to her.

As I stood in the labour room, watching all these procedures, it was a great wonder to me that things should happen like this in 1944 and to think that people are still so ignorant. Like this many and many a life is lost today, just because there is no one to give proper ante-natal care and to conduct the labour properly. The people who do attend them do more harm to them than good.

No one can tell how long it will take for all such needs of our Indian villages to be properly supplied. I do hope that every midwife who reads this example of what ignorance and neglect can do, will realise this need and come forward to help. If only India's midwifery services could be supervised and extended to the villages, the village women would not have cause to complain that they cannot get the same expert advice and help as their sisters in the cities. Even in the cities and towns of India, there needs to be better supervision of midwives and Barber women but a supervised midwifery service is almost unknown in Rural India.