



THE MIDWIVES' UNION SECTION

Hon. Secretary:—Miss S. M. Round (Sister Sallie), All Saints Dispensary, Panvel, Dt. Colaba, Bombay.

Members are asked to kindly send any helpful notes of cases, and articles for this Section to the Secretary.

DEAR FELLOW MIDWIVES,

Once more I'm happy in having something for the Midwifery page.

I've just received all the particulars of the Conference held in Delhi and I did just peep at some of the notices and what caught my attention was the suggestion that Secretaries and others like myself should be responsible for sending articles to the *Journal* at stated times. Well it's a good idea, but I want the midwifery page to have something every month. Surely in a country so big and with such a vast population one shouldn't want for material. It's not necessary to be an abnormal maternity case, some of the just not normal are equally interesting because each Hospital has its own special method of dealing with each individual case. What I am anxious to get articles on is: Ante-partum and Post-partum Hæmorrhage. When you know a mother is subject to either or both of these conditions what is being done in the Antenatal Clinics and what advice given to the mother? Perhaps some of you will give me some answers.

I think the article for this month is full of interest to those who study these conditions.

I am, yours sincerely,
SISTER SALLIE.

ANAEMIA OF PREGNANCY

(Paper by Student Nurse Apurba Sahu. Of the Lady Dufferin Hospital, Calcutta. 2nd year nurse. November 1937)

An anæmic person is one who has not sufficient red blood cells and so has not enough hæmoglobin. Her hæmoglobin percentage may be 30 per cent to 40 per cent or in severe cases as low as 15 per cent, sometimes even lower than that. A contributory factor to anæmia of pregnancy in Bengal is the lack of nourishing food, fresh air and the prevalence of hook-worm and also of the purdah system.

A patient suffering from anæmia of pregnancy will look very pale and either very stout or ill-nourished, she will complain of indigestion, palpitation, constipation or diarrhoea. She may have—often has—œdema, also very bad teeth (due to the absorption of calcium by the foetus). The anæmia is often accompanied by pre-eclamptic albuminuria and toxæmia, causing intestinal troubles.

On admission.

1. Put the patient to bed and make her comfortable.
2. Inform the doctor on duty within 10 minutes of the patient's arrival.
3. Take her temperature, pulse and respiration and chart it.
4. Take a specimen of her urine. Test for albumin and sugar. Take the reaction. Chart it.
5. Give her a blanket bath (Between blankets).
6. Shave the vulva and swab the external genitals with either Condyl's lotion 1 in 1000, or with Lysol solution, 1 dr. of lysol to 1 pint of sterile water, or with Dettol lotion, dr. 1 to 1 pint of sterile water.

7. Take the measurements of the patient's pelvis.
8. Take the history of the patient.
9. Have ready the blood pressure apparatus, so that the Dr. can take her blood pressure. The Dr. will, also examine the patient's chest and abdomen before ordering any treatment.

Medicines.

1. Mist Ferri et Nux Vomica 1 ounce (x-xxx gr. in 1 oz. of water). T.D.S. or 2 or 3 iron pills T.D.S.
2. Hepamoxyl or Hepanovina 1 ampoule by mouth B.D., on an empty stomach.
3. Raw liver juice made on the ward 1 oz. O.D.
4. Marmite 1 teaspoonful daily, in either soup or as sandwiches (contains Vitamin B).
5. Liver injection either 1 c.c. or 2 c.c. daily.
6. Calcium may be given in addition, to replace the calcium absorbed by the foetus.

Diet.

1. Extra milk 1 seer daily. Contains all vitamins.
2. Fruits—oranges, grapes, pineapples, raisins. Contain Vitamins B,C, and the raisins contain iron.
3. Red meats, unless too ill.
4. Extra vegetables—tomatoes, spinach, cabbage, sprouting gram, contain Vitamins B,C.
5. Restrict fats.

The patient must have as much fresh air as possible, her bed should be put on the verandah. She should also be given complete rest and if a severe anæmia, the patient may have a blood transfusion given by the Dr.

Urine.

Reaction, albumin tested for daily.

Stool.

Sent to the laboratory for hookworm examination.

Blood pressure.

Taken daily.

Blood count.

Taken on admission and usually weekly afterwards.

Fluids.

Intake and output should be measured and a chart kept for the Dr.

Weight.

Every week if the patient is not too ill.

RECENT CHANGES IN OBSTETRIC PRACTICE

By Mr. Leonard Philips, of Queen Charlotte's Hospital, London.

In choosing the above title for my lecture I have purposely used the word 'changes' rather than 'advances.' The science of obstetrics is always changing, but time alone will show whether these changes are an advance on previous methods, or the reverse. Some things come to stay, but others are less permanent.

Treatment of White Asphyxia

First of all, I want to discuss the treatment for white asphyxia in the newly born. The Schultz method was stigmatised sometime ago as a 'dirty