

importance of a good mixed diet including dal, eggs, milk, fruit, green vegetables and tomatoes—all available at moderate prices—one finds a distinct improvement in the children.

Rickets are not common. I have only come across four bad cases—all motherless infants fed on cow's milk and rice water but they improved after a course of Cod Liver Oil and Sunbaths. Brestol and Osteocalcium are very useful. The children have very bad teeth due to a deficiency of Calcium.

Osteomalacia is rare—I have only come across 2 or 3 cases. But Anaemia is fairly common both among mothers and children, due chiefly to a deficient diet and in children due to roundworms. A simple iron tonic and repeated advice regarding a good mixed diet bear good fruit—and severe cases are referred to the Women's Hospital.

—A Contrast to India



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.

GOVERNMENT OF MADRAS

MIDWIFERY EXAMINATION—SEPTEMBER, 1938

1. State how you would estimate by physical signs and otherwise the probable date of confinement. How would you know when labour had commenced.
2. What is meant by involution of the uterus? How can you recognise its progress and what may cause its delay?
3. What is Hydramnios? What may be its effect on the patient
 - (a) during pregnancy?
 - (b) during labour?
4. Give the signs and symptoms of Placenta Praevia? What treatments may be adopted in such a case?
5. How would you prepare for a forceps delivery?

A CASE OF CONGENITAL HYPERTROPHY OF THE PYLORUS TREATED BY RAMSTEDTS OPERATION

By MISS B. M. PERIERA, T.N.A.I. No. 1154, Staff Nurse, Government Hospital for Mothers and Babies, Egmore, Madras.

Baby H. P. age 1 month.

Complaint.—Vomiting for the past week—every feed being vomited—loss of weight and constipation.

Baby H. P. was born in the 'Government Hospital for Women and Children, Egmore, Madras' on the 10th July, Confinement natural—weight at birth, 8 lbs.

The baby was entirely breast-fed while in hospital, feeds taken well, bowels normal, weight increased to 8½ lbs.; on the 7th day, that is the 17th, mother and child were discharged, both doing well.

For five days after the baby was discharged from here, he was getting on well and increased 6 oz. in weight and was 8 lbs. 14 oz.

On the 23rd the vomiting started, every feed being vomited in a projectile manner.

Finding the child was losing weight and the vomiting still continued, he was brought into hospital— weight on admission 7 lbs. 15 oz.

He was admitted on the 1st August and kept under direct observation, his feeds were breast milk 3iv alternately with skimmed condensed milk 3ii followed by one ounce water, this was given 2nd hourly.

The vomiting still continued, but not at every feed. It consisted of curdled milk with mucus indicating gastric catarrh, there was no bile present, thus, pointing to the obstruction being in the stomach. The child used to cry, most probably due to hunger.

On examining the abdomen visible peristalsis was seen passing from left to right and later a tiny lump could be felt in the right upper part of the abdomen.

It was decided to try medical treatment first. The child was treated as follows:—

(1) Stomach washes of normal saline b.d. to wash out the fermented food as, by it, vomiting is influenced.

(2) Atropine sulph. injections $\frac{1}{100}$ gr. b.d.

(3) Rectal glucose saline, with sodium chloride 45 grs. added to the solution, was given by drip method 3ii every two hours, allowing the child a rest of three hours in between.

(4) Alternate feeds of breast milk 3i with skimmed condensed milk 3ii given thick and followed by an ounce of water, this was given second hourly, but, a part of each feed was vomited each time.

(5) Daily weight of baby at the same time, and with the same linen.

This treatment was carried out as accurately as possible for about a week, trying at the same time to give the child as much rest as we could. On this treatment the baby would show signs of improvement for a day or two and would again fall back; he was also beginning to lose weight, having come down to 7 lbs. 12½ ozs.

Finding no improvement an operation was decided upon.

On the morning of the operation the baby was given

(a) A glycerine enema.

(b) Subcutaneous saline 4 ounces.

(c) An injection of atropine sulph. $\frac{1}{100}$ gr.

At 9-30 on the 15th morning he was taken to the theatre, and, 'Ramstedt's Operation' was performed under general anaesthesia. This consisted of a complete separation of the pyloric sphincter by a longitudinal incision through the muscular layer of the pylorus, thereby allowing the intact mucus membrane to bulge out, and allow the food to pass through with less difficulty.

Post-Operative Treatment

At 10 o'clock the baby was brought back from the theatre, his pulse and general condition was quite satisfactory.

The child was put to bed, and carefully watched, rectal glucose saline 3ii was started by drip method.

The temperature was charted every hour, so as to guard against hyperpyrexia, which is one of the complications usually met with after this operation.

At 12 noon the temperature was 103°, this was at once reported, and an iced enema given by order, which brought the temperature down to 101°. A continuous cold compress was applied, this kept the temperature down. At 4 p.m. it had come down to 99°.

Feeds were started at 1 p.m. as follows :—

Breast milk 3i hourly for the 1st 6 hours.

"	3ii	"	next	4	"
"	3iii	"	"	3	"
"	3iv	"	"	3	"
"	3vi	"	"	2	"

At 8 a.m. the following morning the child was put to the breast, test feeding being done. Finding the quantity insufficient for each feed, the child was given full cream condensed milk 3ii to 3u water, alternately with the breast feed. The quantity was gradually increased—the child was getting on well, was quite lively, and put on weight, bowels normal, he was discharged on the 29th, the 15th day after operation, and weighed 8½ lbs., having gained 11½ ozs. in 15 days. The abdominal incision healed by first intention and the stitches were removed on the 9th day after operation.

DOUBLE HEADED MONSTER

By E. TURNER, *T.N.A.I. No. 876, Mollibai Hospital, Bombay.*

Name ... Savitribai Vasudev.
Para ... 5th.
Age ... 28
Admitted ... Date 3rd April, 1938. Time 9-50 p.m.
Condition during Pregnancy ... Normal.
 Full Term.

P. O. H.—

1st n. b. (F) living 9 years old.
 2nd n. b. (F) died after 3 years.
 3rd n. b. (M) living 4 years.
 4th n. b. (M) living 2 years old.

Patient was brought by an outside Doctor at 9-50 p.m. on 3-4-1938 with the head and one arm prolapsed outside the vulva. Head was cyanosed and infant appeared to be dead. Patient was not getting pains, R. M. O. informed at 9-55 p.m.

Patient was taken to the table, and under general anæsthesia with the help of the R. M. O., tried to deliver the child. The hand was introduced in the vagina to palpate and find out the other arm, but it was not palpable. The occiput of the prolapsed head was posterior and the arm was anterior. Rotation was done and the prolapsed head to the left side first, but it was not successful. Then the rotation was carried out in the right side of the mother and with constant continuous traction the second fused head was delivered.

In the beginning the fused head was anterior with the chin resisting below the symphysis pubis but by rotation to the right side, the fused head slightly rotated and occiput of the head was brought against the symphysis pubis and thus the other fused head was delivered.

Monster, having two legs, two hands, with fused chest and two heads and necks, brought down completely, still-born at 10-30 p.m., dated 3-4-'38.

Placenta delivered after 15 minutes. Intact vaginal cavity was iodised, binder and pad applied, then the patient was removed to the bed. After staying for 3 hours in the L Ward, patient was transferred to Ward 3 Bed 3. She stayed in the Hospital for 6 days, with Temperature normal, lochia normal, and the breasts were normal also. She was discharged on the 9th of April, 1938.