for drinking by colouring or pouring oil over them, and flies are prevented by a liberal use of quicklime for sprinkling the ground.

The place for slaughtering the thousands of goats, which are sacrificed every year, is surrounded by walls and has cement floors which are kept scrupulously clean. The method of decapitating the unfortunate victims by expert axemen with one blow, seemed as humane as possible, but we wished they would only allow one goat into the enclosure at a time. The carcases were hung up, skinned and cleaned in a very hygienic manner and the offal was rendered inedible with phenyle and buried in deep pits, like all the other rubbish.

Sweepers were busy in all directions, and in spite of the parties of people who gathered in little groups to cook their food, the whole aspect was one of picturesqueness, quiet happiness and neatness.

The authorities exercise a careful control over food which is inspected every morning by Sanitary Inspectors, and the hotel keepers are not allowed to sell food without a license.

Some of us were fortunate enough to enter the inside of the temple, where in an interior cavity-like place, the image of the Goddess was kept sacred with dimly lighted lamps. It was picturesque but rather stuffy.

It was a pretty sight to see the men, women, and children dressed in margosa leaves walking round the temple accompanied by trumpeters and drummers, but we did not envy those who rolled round or those who progressed by falling upon their knees, throwing a coconut, then getting up again and so on, although we admired their devotion. The oxen were also taken round the Temple with garlands of flowers and neem leaves round their necks.

We felt that if only funds permitted, there would be a great opportunity for parties of Doctors and Health Visitors to do some good health propaganda work in the shape of short talks illustrated with posters or lantern slides. All along the route we noticed advertisement for a quack medicine reported to cure gonorrhœa and the proprietors had an enormous van, labelled with the name of their specific, on the outskirts of the Temple area. Surely, if a firm of this kind finds it profitable to spend so much upon advertisement, the Health Authorities could gather many interested audiences if they organized lectures upon the prevention and true cure of these and other serious illnesses.

We were all most grateful to Dr. Visvanatham for making it possible for us to see this great advance of the Sanitary Authorities in the cause of preventive medicine and we all enjoyed seeing such a happy gathering of people.

(*By Miss Lela Raphael a Student, and another Member of the Party.*)

THE MIDWIVES' UNION SECTION

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

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

POSITION IN LABOUR

By F. R. Humphreys, M.R.C.S., L.R.C.P.

We are all too much the servants of books and habits. It is often overlooked that the measurements of the pelvis are modified, increased, by making use of certain obstetric positions. Women in labour and their friends are commonly obsessed by a number of traditions which do not include many things which are not within their knowledge. This is not by any means

restricted to, for example, Central African natives; the chief difference being, perhaps, that their tribal midwives exercise an authority over them which midwives in England used in past centuries to possess, and which, if made use of, should be of the greatest value to the 'patients' now that it is directed by a real knowledge, acquired by dint of training and study of Nature's defects. Not to acquire and make use of such authority is a mistake in practice, causing unnecessary suffering and strain to 'patient,' friend, and midwife. The midwife should not be led to take up a position like that of a 'sick nurse.' The re-introduction of ancient methods of delivery demands the authority of the accoucheuse and her own confidence in her knowledge, and trained intuition.

In many parts of the world the natives of the primitive Races have long had in use methods for aiding delivery by the position of the patient; even civilised races, such as the Irish, and the whites in some parts of the United States have up to recent years employed certain positions unusual elsewhere.

Dr. Julius Jarcho, of New York, a well-known obstetrician has studied and brought to our knowledge methods of assisting women in labour which we have been ignorant of, or not sufficiently made use of. The information in this article is mostly derived from his work on 'Postures and Practices During Labour Among Primitive People.'

The advantages accruing from some obstetric positions are due to the use of knowledge about the loosening of the pelvic joints which takes place in pregnancy. Thus, the Walcher Position increases the conjugate diameter of the brim. In it the dorsal position is assumed, with the body across the bed, the hips resting on the edge, and the legs hanging. This uncomfortable position may be made more endurable if the feet are adequately supported. The head takes some time to adjust itself to entering the brim; with the feet a little supported, three-quarters of an hour should be devoted to this end. The position is said to have been made use of by midwives in Italy in the middle ages.

The American Rocking Chair appears to be greatly used by obstetricians in the U.S.A. The chair is well packed with cushions and pillows, and a blanket is wrapped round the woman. The feet are supported on a high stool or chair, so that the thighs are at right angles with the body. The arms can rest on those of the chair, or she can use them for traction. All the pelvic joints are said to be loosened. The pelvis itself is thus converted into a tube; and the conjugate of the Inlet is increased. When the 'pains' are in progress, the 'patient' leans back and the pelvis is low down as compared with the body, while the uterus is in the axis of the Inlet, directed downwards. The Rocking Chair greatly assists progress, and is suitable for primiparæ in the first or early second stage; for multiparæ, especially with pendulous abdomen (antiverted uterus) it is very useful as the pressure of the thighs can be used to push the uterus back, a binder being then applied to the abdomen.

In Canada a chair is placed upside down in the top of the bed, and padded with a pillow, so that the woman remains seated half up. When the 'pains' come on she presses down on the mattress with both hands, partly raising herself from it. This is an improvement on the dorsal position.

The 'Squatting Position' is used for delivery in many parts of the world. Both child and uterus are in the axis of the Inlet and placed vertically. In Persia the woman kneels on two piles of bricks with the hands also resting on the bricks. The two piles of bricks are a little distance apart so that the thighs are separated. This position—without the bricks is also used in Arabia, in Mexico, among the Red Indians, in Australasia and

amongst the Irish. Sometimes a post is held on to or to a rope or belt from the post. Sometimes a kneeling or rather a crouching position is assumed naturally, the knees pressing on the abdomen. This pressure corrects mal-position; or one knee may be fully flexed on the floor, the other pressing on the side of the uterus and displacing the child on that side. It is recommended as a method of preventing and of correcting a transverse presentation.

The different forms of 'squatting' seem to be of real use where delay has occurred—not due to a contracted pelvis—and the use of the forceps seems to be indicated. It is suggested that the 'squatting position' should always be tried before the forceps. As soon as the head reaches the perinæum the horizontal position should be assumed. It is, of course, not called for when the pains are frequent and the head advancing.

A special chair, 'the Obstetrical Chair' was used for deliveries during many centuries. It was even carried about with the midwife. A chair going by the name of Savanarola's Chair was in use in 1547. It was V-shaped, three-legged, with an extension from the angle. The husband sat on the extension, grasping his wife—who sat in front of him—round the abdomen, while she supported her thighs on the arms of the 'V'. Another form of Obstetrical Chair had high sides, with a hole in the centre of the seat, like a modern W.C. seat, the hole prolonged forwards to aid the birth of the child in a manner convenient to the midwife. This chair is named after van Deventer, who used it in 1701. A very crude form of Obstetrical Chair, is used in Central Africa, where the woman sits on a tree stump, and her legs are supported on two separated forked boughs.

It is as well to remember that in London and other large cities and their neighbourhoods, the population is of a very mixed type, and the disproportion between head and pelvis may be due to the pelvis of one race not permitting the head of another race to pass. Thus an Anglo-Indian woman may have the pelvis either of a European or of a Bengali type. The European head may well fail to pass through a small Bengali pelvis.

(*From Nursing Notes and Midwives' Chronicle, September 1936.*)

THE MOTHERCRAFT PAGE

Acorn Dried Skimmed Milk with Buffaloe's Milk Mixtures

Leaflet No. IV

Miss Worth of the Zenana Mission, Sholapur, who contributed an excellent article to our August *Journal*, upon the use of a mixture of Acorn Brand Dried Milk and buffaloe's milk, which she has found most successful in Infant Feeding, writes further :—

'In modifying the buffaloe's and Acorn Brand Dried Skimmed Milk Mixtures, I use the following formulas :—

Formula I, for babies under three months, and at present I have a baby of nearly 7 months old upon Formula III, one of 9 months and another of 12 months on Formula V. I make up the buffaloe's and powdered milk, and then use it in the proportions given in the mixtures for ordinary cow's milk.

I do not give the added fat as suggested, as it is far too much for this climate, but just half to one teaspoon of Cod Liver Oil a day, according to the size of the baby.

If I want to use Ideal Milk, to a 6 oz. tin of milk, I add 9 ozs. of water, and then use it as you would cow's milk. The standard measures are