

'And a good thing for you, too, Bai', I answered, 'that you cannot stop it. That is your aorta and it is your aortic pulse you feel. You stop that and you will never have to take any medicine again'.

But even long and detailed explanation left her unconvinced. How could it be right that that jumping, pulsing thing inside her did not represent some awful abnormality? The best I could do was to make her promise to leave off the abdominal binder. If she would do that I would give her some medicine. She got ten grains of soda bicarb to take three times a day for two days and much free advice regarding the remarkable healing powers of soap and warm water.

MODERN SURGERY IN INDIA

[From the *Nursing Times*]

It is interesting to learn of the high standard of surgery practised in the Mayo Hospital, Lahore, a hospital which received a large number of the more severely injured victims of the Quetta earthquake. In his account, published in the *British Medical Journal*, of the splendid way in which the doctors and nurses rose to their stupendous task, Lieut.-Colonel W. Ross Stewart, I.M.S., says:— 'The Indian patients of both sexes suffering from severe fractures were brought under surgical treatment of a standard which one usually associates with the most highly specialised fracture clinics in the United Kingdom, Vienna or America.' The organization was remarkable, the patients being collected in wards according to their types of fracture, the nursing care being thereby greatly facilitated; and, in spite of the difficulty there must have been in improvising the necessary amount of surgical apparatus at such short notice, it was forthcoming, and 'the old-fashioned methods of treatment by padded splints were conspicuous by their absence.'

Perfect Alignment

'Balkan frames' were available for all cases; fractured thighs which required extension were treated by means of stainless steel pins, transfixing soft tissues and bone, and attached by a stirrup to the traction cable, pulley and weight; while many cases of fractured pelvis were also treated by pin or wire traction applied to the lower limbs. It is particularly noteworthy that 'in no single case was there a sign of septic infection of the soft tissues or bone so transfixed, and the patients were invariably comfortable.' The marked absence of pain, and the perfect alignment of limbs as a result of the treatment, were evidence of its success. In his warm tribute to the efficiency, resourcefulness and unflinching devotion of the doctors and nurses in charge of these patients, Colonel Ross Stewart does not forget those in the hospitals at Multan, Mastung, Quetta and Karachi, who also shared in caring for the earthquake casualties. All of them, he said, proved themselves worthy of the traditions of their profession.



THE MIDWIVES' UNION SECTION

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

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

Examination in Midwifery—September 1935

10—9—35]

[TIME—1-30 TO 4 P.M.

I. State briefly what would make you suspect a case of disproportion between the presenting part and the pelvis.

II. What do you understand by accidental haemorrhage? What are its signs and symptoms and treatment of such a case?

III. How would you diagnose a case of face presentation? How would you conduct the case?

IV. What is cancer of cervix? What are the supposed causes?

What are the early signs and symptoms, the late signs and symptoms and the treatment if seen early, if seen late?

All Saints' Dispensary,
Panvel,
October 16th, 1935.

The following case presents some unusual features and may, I think, interest readers of the *T.N.A.I. Magazine*.

The patient, a Mahar girl, Primipara, was admitted at 9 o'clock on the morning of September 26th, with hands, feet and face badly swollen and pitting on pressure. She was examined P.V. and found to be at term with a dilation of about two fingers, vertex presenting and good membranes. A simple enema was given, patient put to rest in bed and given only fluids. She complained of slight pains and considerable backache and was reported to have been suffering from diarrhoea for the past 15 days. She passed ~~several small liquid stools and a small quantity of urine.~~ The pains increased and at 7-30 p.m. the patient was put on the table, dilation then 3½ fingers. Pains then almost disappeared. Catheterised and a pint of urine withdrawn, apparently normal, not concentrated. Pains continued irregularly and patient seemed unable to use them. At 10-10 p.m. dilation complete. Quinine Sulph. grs. 7½ given, progress very slow. The abdomen was greatly distended and a certain amount of hydramnios was suspected.

12-50 a.m. (September 27th) membranes bulging, patient restless and difficult to control and looking ill. Doctor sent for. Membranes ruptured, but only a small quantity of liquor was released and patient still unable to make use of her contractions. At 3-20 a.m. with the head on the perineum and no progress, forceps were applied. In doing this much liquor was released. Female child born living at 3-30 a.m. Large caput on R. occiput and baby somewhat limp. Separated, bathed, cord dressed, binder applied and made comfy with hot water bottles.

Meantime there was some haemorrhage from the patient and as the placenta had not moved at the end of 35 minutes, the doctor examined and found it to be adherent. He was able to remove it manually without much difficulty,

the haemorrhage was controlled and patient given ergot and restoratives. The placenta was situated on the anterior wall of the fundus and this would appear to explain how the patient could make so little use of her contractions.

The mother was made comfortable in bed, given brandy and glucose, milk, and she slept. During the day she passed urine, the diarrhoea continued and she was given Pulv. Creta c Opii gr. v two-hourly and albumen water and milk to drink. The baby passed urine and meconium and seemed to have quite recovered. That night the mother passed 2 round worms. 2nd day Santonin gr. 1 given at 8-30 a.m. and Ol. Ric. at 3-0 p.m. She passed a small quantity of urine, the lochia was normal but the diarrhoea persisted and she had fever, 101. At 11-15 a.m. she was catheterised and 1½ pints of urine withdrawn, concentrated, but no albumen. Mist. Urotropin c Digit. oz. 1 four-hourly. Patient slept, two more worms passed. Temperature 102, lochia normal, Quin. Hydrochlor. gr. iv. hypodermically. Temperature lowered, urine passed, some abdominal pain. Third day, some sloughing from the vulva (laceration from the forceps), lysol douche and vulva dressed with carbolised vaseline. Urine passed freely, 5 loose stools, no worms, Urotropin continued. Fourth and 5th days douched twice daily, lacerations healing, highest temperature 102·6 dropping to 100 after the douche. Abdomen flabby. Tongue white, not crusted or dry. Sixth day 99·8 in the morning; up to 101 during the day, down again at night, formed stool passed and urine, but at 7-30 a.m. she had a pseudo fit: tongue protruded, hands clenched. Gradually relaxed, given weak brandy and water and some tea. Temperature 99·6 Mist. Urotropin, glucose, and brandy. Milk established and baby sucking well. On the 7th morning the temperature was 99·4, but at midday she had another fit, refused to swallow and became very noisy. She was given Pot. Brom. gr. x with Nux Vom m. v per day in 3 doses. Slight attacks of(?) mania with spells of quiet and sleep. Still feeding her baby and taking sago cunjee, Benger's, etc. and being douched twice. On the 8th day the temperature rose again to 101, slight sloughing but no offensive odour; as the previous day fits of delirium with quiet between. Douche changed to iodine and Santonin gr. ii. given followed by Ol. Ric. No worms passed. Temperature rose to 103·8. Relatives anxious to take the patient home. Mist. Quin. Sulph. grs. x per day and diaphoretic. On the afternoon, the 10th day, the temperature rose to 104·8 and patient collapsed. Adrenalin m/xv hypodermically, sponged, quassia washout, iodine douche. Patient rallied and had a quiet night. On the 11th day we gave the first injection of Sulfarsenol vi ctgs. also Mist. Quin. Sulph. and the Pot. Brom. Quieter and taking nourishment well, but at times definitely mental. On the 12th night she was again very restless and excitable clutching her throat and shouting, but she quietened down after Pot. Brom. gr. xx. On the 13th and 14th days she slowly improved; we repeated the Sulfarsenol on the 14th day and again on the 17th, this time increasing the dose.

The patient is now on the road to recovery and we hope to discharge her in a few days. We have not been able to determine how much of the mania symptoms were due to hysteria. She is of a low mental type; but all through she has fed her baby and never turned from it all.

'The Joys of a Midwife'

Seven bells ring, Hark! What are they?
Midwives don't you know, it's for work, not play,
The girl 'on call' moves with heavy tread
Wond'ring, if she'll lose her night in bed.

We arrive in the examination room
To see what is going to be our doom
Whether the case is a Caesar, Forceps or Normal
The routine we go through is quite formal.

The case is coming off and what a fuss !!
The gong rings and the midwives rush,
Breathless and heated, to get a chance
Of witnessing a case, even if only a glance.

Witness a hundred cases, a lot to get through
When you have in addition 'ward work' to do,
Of the teaching we cannot complain
Lectures and clinics are clearly explained.

Twenty-five case sheets our books contain
Every Saturday evening we exclaim
When our books are returned for correction
And Sister scolds, without hesitation.

Lying-in ward is the hardest of all,
Glad to escape from it when 'on call'
Gynaec ward is not too bad
But Baby ward drives one mad.

In Labour room we are told a month we must do
With Sister Thompson we don't mind what we go through,
Her help and her clinics we have very much appreciated
New thoughts and ideas for us she has created.

A fortnight is over, we must rush to the slate
To discover Sister Williams has sealed our fate,
We are not always pleased, and tell Sister so,
She smiles very sweetly and says 'you must go'.

Seven bells ring, ah! a new case comes in
Our thoughts fly to the dressing bins
~~Cord ligatures, swabs, tow-rings and squares~~
Will soon diminish and leave us in despair!

Many tears we have shed, each one in turn
But hardships and sorrows we must all learn
We have stood by one another through thick and thin
And our motto has been 'Girls never give in'

Cheer up girls. Our exams. are near,
We should face them without fear
That 'Square of paper' we must obtain
And memories of Agra will ever remain.

A PUPIL MIDWIFE,
Maternity Block
Women's Medical School Hospital,
Agra, U. P.

14th September, 1935.



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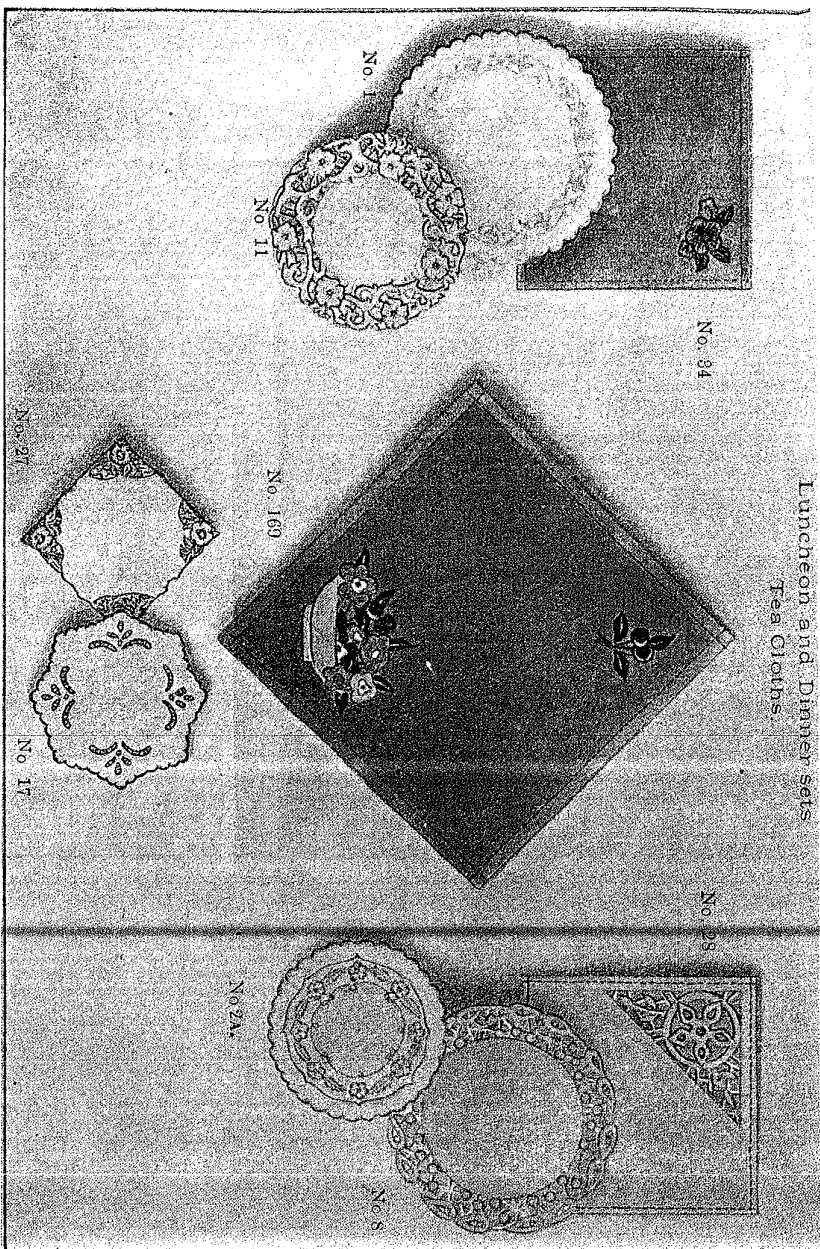
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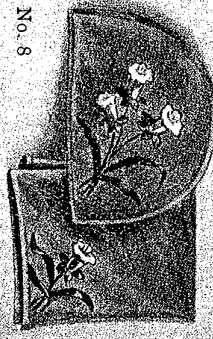
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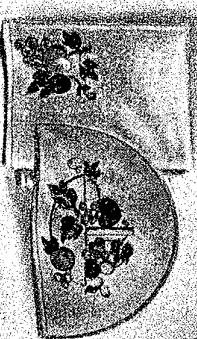
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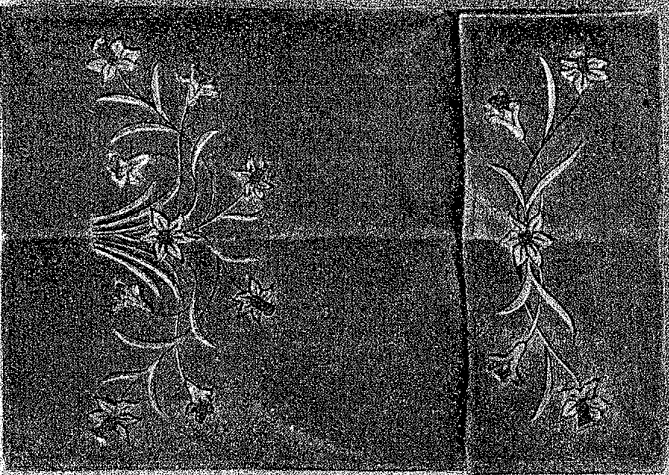
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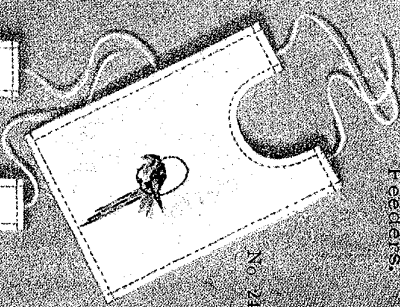
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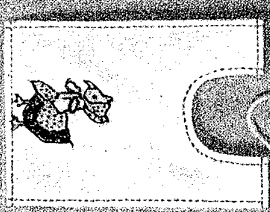
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