

MIDWIVES' UNION PAGE

THE UNEXPECTED HAPPENS

No one with any experience of midwifery cases will do other than realize the gravity of a case which on palpitation reveals itself to be a "transverse lie" and on vulval examination a prolapsed arm is visible. Only too well we know that such cases in 99 out of every 100 require much manual manipulation in turning the child into a polar position. The case about which I am writing proved to be the unexpected "hundrodth."

A second para—aged 20—admitted at 7.40 A.M. having been in labour since 11 P.M. the night previous.

The child was lying transversely and the right arm was prolapsed. The os was fully dilated and the patient's condition fairly good, temperature 97° and pulse 76 per minute. The prolapsed arm was wrapped up in gauze, and the Doctor ordered an enema to be given and the bladder catheterized. Everything was prepared for a "version" and delivery by forceps—craniotomy, etc., which—ever should be required, but whilst the Medical Officer was scrubbing up—the patient gave a little shout and the baby was born by spontaneous evolution, thus saving a good deal of trouble on the part of the doctors and nurses and an infinitely better ending for the patient herself. There was no perineal tear and the patient is making an uneventful recovery. The weight of the child was 6½ lbs.

THE VOMITING OF PREGNANCY

The vomiting of pregnancy is a subject of considerable interest, as the majority of pregnant women suffer from it in a greater or lesser degree. It usually commences in the 5th or 6th week and disappears towards the end of the 4th month. In some it is only a feeling of nausea on awakening in the morning, whilst others definitely vomit. If a cup of tea and biscuit or a piece of dry toast is taken before the patient leaves her bed, she is usually alright until the next morning. This is a normal occurrence and requires no treatment.

Abnormal vomiting: is that which occurs not only in the morning as already mentioned but after meals also. This is irregular inasmuch as only part of a meal may be vomited—and not every meal treated the same way. For instance one day the patient may be better and able to retain food and on the next day the reverse will occur.

Treatment.—The bowels should be emptied and only plain, wholesome food taken at regular meal times. If possible, the patient should have a change of scene and surroundings.

Excessive Vomiting or Hyperemesis Gravidarum.—This is a much more serious condition, as no food at all is retained and frequently water also is rejected by the stomach. It occurs in some women as the result of extreme nervousness, say in a primipara, who is fearful of what lies in front of her, or it may be a pure toxæmic condition. These two conditions, the doctor and a tactful nurse have to differentiate.

Treatment.—There must be no suggestion of vomiting, so it is best to keep vomit bowls out of sight of the patient. She must be kept very quiet but cheerful, and considerable tact and patience is required in the feeding process. The bowels having been emptied, it is a good thing to give no food at all for 12 or even 24 hours, after which ounce feeds of diluted milk can be given, when, if retained, the feeds can be increased to oz. ii and so on gradually.

If vomiting still continues—rectal salines and glucose are injected giving no feeds by mouth at all. A little ice is allowed, and frequent mouthwashes should be given.

Recovery takes place in the majority of cases but there are occasional ones in which the weakness and exhaustion become extreme and there is a tendency for the temperature to rise (a danger signal) and diacetic acid is present in the urine. In such instances the Surgeon is faced with the necessity of evacuating the uterus, in order to help the patient to recover.

WHAT IS PASTEURIZATION?

Pasteurization is a word with which everyone is familiar. It is a word to conjure with. The milkman has only to say to the housewife: "Madam, your milk has been pasteurized," for her to believe that all is in order, and that no ill can befall her family as far as its milk supply is concerned. Pasteurization has, in fact, the same suggestive influence on the housewife that the blessed word "Mesopotamia" had on the devoted old lady with whom every student of theology is familiar. But it is doubtful if many housewives appreciate all the advantages and understand all the disadvantages of pasteurization, and they may surely be forgiven for not knowing much about the technique of this process. Indeed, if a dozen fully trained nurses were to be set the question, which heads this paper, in an examination paper, it is probable that few would get full marks. Yet, the subject is one of the greatest practical as well as scientific value.

Pasteurization is parboiling. In theory nothing could be more simple and effective than for the housewife to parboil the milk as soon as it comes into the house, for then she could know, or at least think she knew, all that happened between the parboiling and the consumption of the milk. But in practice it has been found best to pasteurize the milk at some central station under scientific and official control. There are three well-known processes. The first is known as the "flash method," which consists of heating the milk momentarily to a temperature of about 178°F, or 81°C, and chilling at once. The advantages of this method are its cheapness and rapidity, but it is not absolutely reliable. The "holding method" consists in heating the milk to about 65°C and then holding it in a tank at this temperature for about 30 to 45 minutes. This method has proved satisfactory, but the third method is considered by Professor Rosenau to be the perfection of the art, and is known as "pasteurization in the final container." The bottles containing the milk to