

THE MIDWIVES' UNION PAGE

HÆMORRHAGIC DISEASE OF THE NEW-BORN

Certain facts about *hæmorrhagica neonatorum* have for some time been common knowledge; for example, that bleeding is not associated with any discoverable lesion in the body; that it is not a manifestation of hæmophilia; that it is as liable to occur in well-nourished as in marasmic infants; and that it is characterised by the spontaneity both of its onset and of its cessation. Various theories have been put forward as to the essential underlying cause of the disease.

Dr. Ruby S. Beveridge, in a paper on this subject, has given details of modern work on the coagulation and bleeding times in the normal infant. A test which she carried out in the case of a number of babies born at the Glasgow Maternity Hospital enabled her to verify the fact that there was a fairly definite rise in the coagulation time on the second, third and fourth days, after which it fell to a point below that found on the first day. Since, in hæmorrhagic disease of the new-born, the bleeding most often occurs from the second to the fifth day, the suggestion is made that the disease may be due, in part at least, to a delay in reaching the normal level. The exact nature of the element lacking from the blood is still uncertain, and further research on this point is needed.

Analysis of twenty-four cases of this disease admitted to the Royal Hospital for Sick Children, Glasgow, shows that neither sepsis nor syphilis was a cause of the condition, and in eighteen of the twenty-four cases pregnancy and labour were normal. The site of the hæmorrhage was variable but, in most of the cases, intestinal; involvement of the stomach and skin came next in order of frequency. Eight of the twenty-four babies died; the others recovered.

Treatment is usually by blood-transfusion, as giving by far the best hope of recovery in severe cases. In the milder cases, injection of human blood or normal horse serum under the skin or into the muscles may be sufficient.

—From "*Maternity and Child Welfare*."

THE HYGIENE OF PREGNANCY

Healthy mothers mean a healthy nation—and it is essential to remember that the care of both mother and child must commence not at the birth of the child but as early as possible after its conception. It is both unnecessary and undesirable that frequent examinations be made during pregnancy because being a "national" process, it is a nurse's duty to avoid anything which will worry or cause anxiety to the future mother—yet her health and safety must be safeguarded.

The following simple rules might be laid before her for guidance:—

1. *Exercise*.—A normal amount of exercise is good. Allow the patient to do as she likes as long as she does not become overtired. No violent exercise should be carried out—but a gentle game of tennis or cycling will not do harm during the first 3 or 4 months.

2. *The Bowels.*—The bowels should be opened every day. If necessary a mild aperient should be taken, such as Liquorice powder, Liquid paraffin, etc.

3. *Baths.*—A warm, not hot, bath should be taken daily. No vaginal douching should be carried out.

4. *Clothing.*—Clothing worn should be light and free from any restricting bands. The weight of the clothing should be supported from the shoulders, and a pliable but well-fitting belt should be worn in preference to corsets.

5. *Food.*—A pregnant woman should partake of plain wholesome food and in a normal quantity. It is a mistake to think that more food is required because there is a "second life" to feed. No food should be taken between meals and plenty of fresh fruit and vegetables are advocated. Alcohol is unnecessary during pregnancy.

6. *The Care of the Breasts.*—About the 28th week of pregnancy the care of the breasts should be begun. During the daily bath—the nipples should be carefully washed with a mild soap and water and drawn out between the thumb and first finger. After being dried carefully—they should be gently rubbed with Eau-de-cologne or other kind of spirit.

Care before the birth of a child will often prevent a tremendous amount of agony or suffering afterwards.

HEALTH VISITOR'S LEAGUE PAGE

DEAR FELLOW MEMBERS OF THE HEALTH VISITOR'S LEAGUE.

I expect you are all beginning to wish it were the end of the hot weather instead of nearly the beginning. I do hope you and all your mothers and babies will get through it all right.

High temperatures are hard on new-born babies, remember the possibility of heat-stroke, and tell your mothers to let you know at once if the babe has fever, and act accordingly.

We had just had a most delightful Refresher Course in Simla, to which 13 of the Punjab Health Visitors were called up. We all spent a fortnight together and managed by a careful mixture of work and play, to get a tremendous lot of both physical and mental stimulus from it. I hope that I shall be able to organise such a Course every year, and that the Provincial Government will recognise the principle of looking upon periodical Refresher Courses as an essential part of every Health Visitor's training. I should much have liked to make it an open Course, and to welcome Health Visitors from any other parts of India to it, but distances would, I fear, have kept most of you away, and it is difficult to find accommodation in a place like Simla for a big crowd. However, I shall not give up the idea, and should like to hear from others of you, whether you think it might be practical in future years.