

MIDWIVES' UNION SECTION

Indian "Triplets"

About a year ago the newspapers both in England and abroad were full of enthusiasm regarding the birth of triplets in Yorkshire. The babies were sent to London for the purpose of having special care bestowed upon them. The result of which was that all survived.

I will now give you the details of a case of triplets born in Madras on Friday, May 16th, 1930.

The patient, an Adi-Dravida, Ponnamma by name, was admitted to the hospital on March 25th, 1930. She was not in labour but thought herself to be full term.

On abdominal examination, the height of the uterus was that of full term, but palpation revealed the presence of two babies and two definite foetal heart sounds could be heard. As labour did not commence, about a week later the patient was sent to be X-Rayed, and a message was received the same day from the X-Ray Institute to the effect that the case was one of "triplets—all vertex presentation."

So far all was satisfactory—no one was allowed to palpate in order that the presenting parts might remain as the photos revealed them to be. The patient's condition continued to be good except that towards the end of April and early in May, she was not able to digest her food well due to pressure on the stomach of a uterus by that time immensely large.

On May 13th, the patient was given a dose of castor-oil followed by doses of quinine given with a view to bring on labour.

On the 16th May at 9-35 a.m., the membranes ruptured and strong labour pains commenced.

A vaginal examination was made and the condition found was that of "Os $\frac{2}{3}$ ths dilated," "Face presenting," "Cord prolapsed—pulsations very feeble." What condition could be more disappointing?

An anaesthetic was given and the cervix manually dilated after which internal podalic version was done, and a slightly asphyxiated female child was extracted at 10-25 a.m. which was easily revived by hot bathing and a Shield's fluid injection.

The second and third infants were also extracted by internal podalic version, there being five minutes interval between each of the three births. The second and third babies were both boys.

There were two placentae—one being a double one with two cords and another single placenta.

There was no perineal tear and no post-partum bleeding. The weight of the babies were:—

1st Female	...	...	4lbs, 4 ozs.
2nd Male	...	...	4 „ 2 „
3rd Male	...	...	4 „ 0 „

All are alive and doing very well.

The mother complained of very severe after-pains for which drugs were necessary for the first 36 hours after delivery. She has a slight rise of temperature in the evenings to about 101° —but the pulse rate is keeping steady at 90 and 92 per minute. The babies are all being fed on breast-milk, the bulk of which is gladly contributed by the other patients in the ward, all of which are intensely interested in the welfare of "Mary, Peter and Paul".

Ponnamma is the third wife of her husband who is a gardener by trade. There are 6 children belonging to the first and second wives and the arrival of the triplets made four for Ponnamma—in all a family of ten.

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DIETETICS

Protein and the Indian Diet

The diet on which India largely subsists is made up of cereals, dhal, ghee, vegetables and possibly fruit at certain seasons. The more fortunate children and adults have milk and some form of milk products in addition.

On such a dietary the source of protein is from the vegetable kingdom almost entirely, except where milk is added.

All protein foods are not of equal value for structural and repair requirements. The nutritional value of a protein food depends upon the number of amino-acids it contains in its composition. A complete protein which meets all nutritional needs consists of eighteen amino-acids.

In considering protein as related to the Indian diet, let us recall that protein, to fully meet the structural needs of the body, must consist of the full complement of amino-acids as these are the units of which protein is built. It may be of animal or vegetable origin, the essential matter being that whatever source of protein is preferred it must be of the complete variety containing all of the amino-acids, and if it contains less than eighteen, it is classed as incomplete protein.

Proteins are found in milk, curds, cheese, eggs, green leafy vegetables, sprouting seeds and meats. All other foods, so far as India is concerned, contain less than eighteen amino-acids and are, therefore, incomplete proteins.

One of the biggest problems of the Indian dietary is that very often it lacks in complete protein, and therefore results in physical and mental deficiencies. A child fed on a diet providing only incomplete protein foods as,—atta flour, rice, dhal, gram, potatoes, and other tuber vegetables, sweets, ghee, vegetable oils,