

We make a point of going through all our Ante-Natal cards before each *dais'* class, and of asking each *dai* in turn to find out all about her respective cases, and to report on them and bring urine for testing at the next class.

The *dais'* report is written up on the Ante-Natal card, but does not, of course, count as a visit in our daily Analysis. It is good for the *dais* to feel responsible and also saves us a good deal of time and trouble in visiting and reminding patients that they have not been up regularly, not brought urine, etc.

I will say this much for our *dais*—there is not much they miss nowadays—preventable emergencies in labour in our midwifery practice have become a thing unknown, and from next winter we are refusing to be present at any confinement with a *dai* where the patient has not been under our care as an Ante-Natal case. These suggestions may be of use to some of you, I hope so anyway.

LAHORE,
July 1929.

Yours sincerely,
MURIEL SIMON.

MIDWIVES' UNION PAGE

VARIETY IS THE SPICE OF LIFE

THE scene is staged in the largest Maternity and Gynæcological hospital in the British Empire—namely, the Government Hospital for Women and Children, Madras, India, and known all the world over as "The Rotunda of the East." The main labour wards are 3 in number—2 having accommodation for 2 deliveries to take place at a time and the 3rd one is larger and has accommodation for 3 patients. There are also attached 2 wards of 4 beds each which are only used for women in labour—in order that they can rest at will during the first stage. These labour wards are used for the clean cases.

In addition to the above, and in another part of the hospital, is another labour ward to accommodate 2 patients worked in conjunction with the septic block and here are taken and delivered all "barber-midwives" cases, or those who have been examined outside the hospital or those who are admitted with "membranes absent." It may be as well to explain that amongst the native castes of India there are "marriage seasons" and as the religious beliefs require the birth of a child, preferably a son, as soon as possible after marriage, it will readily be understood that there are also "Birth seasons." The most important marriage season is at Pongal in January—and so the busiest time in our hospital is September, October and November, when our average monthly birthrate is over 300—all intern cases. We are now in August, but I wish to describe to you a day's work—in the clean and septic labour wards.

On August 12th, 3 cases were admitted to the Septic delivery wards.

Case 1.—A 3rd para, brought from village about 34 miles away and with a history of being 36 hours in labour. Both previous deliveries were by forceps.

The patient had been treated by a barber-midwife and was in a very exhausted condition. Temp. 102—Pulse 156 on admission. There was albumen in urine—the foetus dead and the uterus in a state of tonic contraction. The head was jammed—the vagina inflamed and the vulva edematous. Delivery was carried out by "Forceps and Perforation" with manual removal of the placenta. The uterus was found to be ruptured and was plugged. The patient was treated by submammary saline injections—puerperal vaccine—and stimulants.

Case 2.—A 5th para—died 10 minutes after admission from rupture of uterus after being 3 days in labour. This was also a barber-midwife's case



and was brought a distance of about 18 miles by means of a road bus. The patient was delivered after death as it is contrary to some of their religious laws to allow a child to remain in the uterus after the death of the mother.

Case 3.—A primipara. The history shows that a child (still born) was delivered at 7 A.M. by a barber-midwife—but on admission 9 hours later, the placenta was still retained. There had been very considerable bleeding which had ceased before admission and the condition of the patient was in consequence not good, her temperature being 101—Pulse 140—R 30 on arrival in hospital. On examination it was found that there was a complete hour glass contraction of the uterus imprisoning the placenta in its upper cavity and only shreds of membrane protruding. Under deep anæsthesia the contraction was dilated and the placenta removed. The patient was given

submammary saline—glucose and brandy and coffee as after-treatment in addition to the usual prophylactic puerperal vaccine which we give to all cases other than the strictly natural ones.

The accompanying photograph shows how "case No. 3" was conveyed to hospital from a village 16 miles from Madras, by 8 coolies who worked in relays.

We will now turn our attention to the main labour wards where 13 cases were dealt with and delivered on the same day as the aforementioned 3 cases.

Case No.	Race.	Time of Delivery.	Weight of Child.	Remarks of Case.
1	Indian	1-5 a.m.	7 lbs. 6 ozs.	Posterior position.
2	"	2-10 a.m.	6 " 14 "	Albuminuria—œdema of feet— anæmia.
3	"	4 a.m.	6 " 12 "	L.O.A. position.
4	Anglo-Indian.	5-55 a.m.	8 " 6 "	L.O.A. position.
5	Indian	6-50 a.m.	3 " 8 "	Premature delivery.
6	"	8-28 a.m.	6 " 12 "	Primipara—lacerated perineum— 3 sutures.
7	"	9-8 a.m.	5 " 14 "	R.O.A. position.
8	Anglo-Indian.	10-30 a.m.	6 " 9 "	Cord 4 times round neck.
9	Indian	3-15 p.m.	6 "	L.O.A. position.
10	"	3-50 p.m.	4 "	General anasarca.
11	"	6 p.m.	6 " 12 "	Cord twice round neck.
12	"	7-15 p.m.	5 " 6 "	Forceps—albuminuria—Ante part: hæmorrhage—Filaria—Lacerat- ed perineum—1 suture.
13	"	10-35 p.m.	6 " 4 "	L.O.A. position. Delivered before palpation.

And so the day ends. I think you readers will agree with me that although Fate has decreed that some of us should work amongst the people of strange lands and stranger customs, our days are full of interest. Opportunities of learning are unbounded, both physiologically and psychologically, if one cares to make a study of the people of this vast country, whose ignorance is the cause of much unnecessary suffering, and whose needs are so much greater than any one at home can ever realize.

D. CHADWICK,
Matron Superintendent.

CORRESPONDENCE

DEAR MRS. WATTS,

With reference to the question asked at the T. N. A. I. Picnic, Ootacamund, concerning State Registration (England and Wales) I quote from a recent letter of the Registrar, General Nursing Council for England and Wales—

"Nurses trained and registered in His Majesty's Dominions are eligible for Registration by the General Nursing Council for England and Wales only when Reciprocal Registration has been established between the General Nursing Council and the Dominion concerned. Reciprocal Registration can be established only with those Dominions in which there is in force an enactment having the force of law, providing for the registration of nurses, under which the standard of training and examination is not lower than that required in this country (*i.e.* England and Wales). The only province in India with which Reciprocal Registration has so far been established is Burma."

Nurses! Please re-read the last sentence. 'Does it not take the form of a challenge to all state Registered nurses in India?', or in effect say 'wake up'?

Some of us realise the benefits which have accrued to us, not only individually, and as a profession, but also to the general public as the result of a better-nursing service. It meant the untiring efforts, and brain power of the leading members of the profession, in co-operation with statesmen and countless interested laymen; disappointment often, but finally success. Through no efforts of our own we were privileged to be born in a land, where, as the result of years of toil, backed up by centuries of ideals founded on the Christian Faith, neither time nor money are spared to make for the alleviation of human suffering; and where 'the child' reigns supreme.

Those of us who have heard the command—'Go ye forth—heal the sick,' and have chosen to link ourselves with the destiny of India, owe it to her daughters to give of our best, individually and collectively. There can be no better way than that of untiring efforts to raise the standard of nursing in India, where, every year, hundreds of lives are lost through lack of care; and in ignorance. It is not our privilege—it is our Duty.

THE LEPER HOSPITAL,
DICHPALI,
24th July 1929.

Yours faithfully,
RUTH WITNEY.

To

THE EDITOR

The Nursing Journal of India

DEAR MRS. WATTS,

For some years it has appeared to me that there is a very great need for the formation of a Civil Nursing Service in India and I have been considering the proper channel of approach. My first step is to put the suggestion before the members of the T. N. A. I. and I should be glad if you would publish this letter so that those who are interested could give the matter their consideration with a view to discussing it at the coming conference.