

The essays must be sent, not later than November 10th, to Miss Tindall, care of Mrs. Jackson, Clare House, Clare Road, Byculla, Bombay.

Miss Bonser, the Secretary and Treasurer of the Trained Nurses' Association, has offered two prizes (1st and 2nd) for the correct or best answers to the following questions.

The answers must be the work of the candidate alone and members of the Association of Nursing Superintendents are not eligible.

- (1) How do you prepare raw silk for operation purposes ?
- (2) How do you prepare raw catgut for operation purposes ?
- (3) How do you prepare kangaroo tendon for operation purposes ?
- (4) How do you prepare horse hair for operation purposes ?
- (5) What percentage would you make your—
 - (a) Stock Saline (theatre) ?
 - (b) Stock Iodine Solution ?
 - (c) Stock Lysol Solution ?
 - (d) 3 Stock Hydrarg. Solutions ?
- (6) On what occasions and during what operations must *no* disinfectants be used ?

Answers to the above questions should reach Miss Bonser, Curzon and Bowring Hospital, Bangalore, not later than November 18th.

A LECTURE TO MIDWIVES.

By DR. T. L. KEELY, L.M.S., L.M., DUBLIN.

(*House Surgeon to Lady Curzon Hospital.*)

Labour.—The process by which the products of pregnancy are separated and expelled.

Normal Labour.—Where the vertex presents and labour is terminated within a reasonable time, without manual or instrumental interference, and without detriment to mother or child.

This depends on three factors being normal, *viz.* :—

- | | | |
|------------------------------------|-------|-----|
| 1. The maternal forces or Powers | } The | |
| 2. The parturient canal or Passage | | |
| 3. The ovum or Passenger | | |
| | | 3 |
| | | Ps. |

If these factors are normal then the outlook of the case is quite favourable.

When called to attend an accouchement case, go carefully through the following procedure.

1.—*Inspection.*

- (a) General.—Note the general aspect of the patient. Is she swollen, with puffed face, dropsical all over; or is she anæmic or emaciated, breathless,—any obvious eruption or skin affection in any form ?

(b) *Local*.—Note the direction of the long axis of the uterus, if there are any patches anywhere on the body, any deformities particularly of spine and pelvis, long bones, etc. Is the abdomen pendulous? (This although not of importance in a multipara, is very much so in a primipara, as it probably indicates a small and contracted pelvis.

2. *Palpation*.—First warm your hands then feel (or see) if the long axis of the womb is vertical—Is there a foetus in the womb or is the tumour caused by a distended bladder? Is there a tumour in or near the uterus? Does the size of the uterus agree with the history or not? Note the *lie* of the child—whether the breech is at the fundus, limbs on the right or left side, whether the head is flexed or not in the pelvis—whether head is fixed in lower uterine segment or free above the brim—If it is flexed and moving above the brim in the lower segment, either the head is too large or the pelvis too small—or is there thinning of the lower segment as shown by the retraction ring.

3. *Auscultation*.—The foetal heart is best heard over the back of the child. If the head presents, it is heard between the umbilicus and anterior superior spine of the ilium. If the breech presents, it is heard on a level with the umbilicus on either side.

Funic Souffle has the same rate as the foetal heart and is only heard when there is obstruction to the circulation in the cord, caused by pressure on it.

(*Uterine or Placental Souffle* is synchronous with the mother's pulse.)

4. *External Pelvimetry*.—This is done with an instrument called calipers (Bandelocque's or Matthew Duncan's)

The measurements are :—

(a) Between crests—intercristal—about 28 cm. 1 or 11½"

(b) Between ant. sup. spines—inter-spinous—25 cm. or 10"

(c) From tip of lower lumbar vertebra to front of Symphysis pubes, with left leg flexed and right leg extended—20 cm. or 8."

This is the external conjugate and is known as the diameter of Bandelocque.

If this is 17 cm. or less it requires investigation and consideration.

5. *Internal Examination*.—Having rendered your hands thoroughly clean and aseptic—start with the vulva—Note whether there is any discharge, oedema, excoriations, sores, ulcers, warts or eruption of any kind. Then inspect the vagina, which is narrow in primipara and lax in multipara—Note whether the walls are smooth or rugose, inflamed or ulcerated; scarred or with any fibrous bands, then run finger along the sacrum and recognize its curve, discs and promontory. *If the promontory is easy to get at, that pelvis is contracted*, then running your finger along, slip it from the posterior fornix to the cervix and note whether it is taken

up or not and also observe the nature of the cervix and the amount of dilatation. Is it rigid and hard or soft and dilated? Remember that the cervix is sometimes so thinned, that you may think it is taken up, but if the finger is passed behind, the Os will be felt posteriorly. Is there a tumour? Is there any thing more than membrane and head to be felt. Then measure the diagonal or oblique conjugate by placing the tip of the fore or middle finger on the sacral promontory and take the distance from that point to the sharp edge of the pubic ligament. It is about $4\frac{1}{2}$ ". The true conjugate is about $\frac{1}{2}$ " smaller or less than the other.

Prognosis of natural labour.

Depends on certain factors concerning 1 Mother, 2 Child.

Mother. (All this is noted by the nurse.)

1. Aspect. 2 Pulse. 3 Temperature.

4. Character of contractions.

5. State of uterus.

6. Progress of labour.

(1) *Aspect.*—Patient should look well and feel well.

(2) *Pulse.*—Should be normal (82 per min.) but certainly not over 100.

(3) *Temp.*—Should be normal not rising to 100 or over.

(4) *Character of Contractions.*—They should be regular and increasing slightly yet surely in force and frequency with intermissions, not tonic and powerful, which thin the lower uterine segment and produce rupture.

(5) *State of Uterus.*—Retraction ring should not rise to the umbilicus.

(6) *Progress of Labour.*—Should be steady and uninterrupted.

Child—1. *Rate of foetal heart* 120 to 150. It should not be less than 110 nor more than 160.

2. *Regularity of heart sounds*—Irregularity bad.

3. *Character of sounds*—Marked accentuation of 2nd. sound is of bad import.

4. *Meconium* should not be voided unmixed with liq: Amnii when head is in lower uterine segment.

5. *Rapid formation of caput succedaneum* shows great pressure on head.

6. *Tumultuous movements of foetus* shows that child's life is in jeopardy.

Treatment—(To be continued.)