

The Midwife.

An Interesting Case of Midwifery.

Mrs. X, aged 35, married one year.

Mrs. X thought she was three months pregnant, and as she had a good deal of red vaginal discharge, she called in Dr. J, who, on examination, discovered a fibroid about the size of an orange on the left of the exterior of the uterine wall.

Mrs. X was ordered to remain in bed ten days, and then, if there was no discharge, she could get up and gradually get about, but was to rest the greater part of the next six months. As Mrs. X was anxious to have a baby, she was quite willing to do everything to ward off a miscarriage. There were many threatenings, and at the 6½ months labour pains began naturally at 11 p.m., and a tiny baby girl was born at 3 a.m.

The fibroid had very much increased in size. Before Mrs. X became pregnant her waist measured 19 inches, and after the baby was born it measured 30½ inches. At the end of four weeks it gradually got down to 27½ inches, and Mrs. X made a good recovery and got up at the fourth week.

When Mrs. X had been up three days, a very profuse period came on which lasted three weeks, and all this time she had to remain in bed, and was not even allowed to sit up in bed for another week after the period had stopped.

The tiny baby only weighed 2½ lbs., and measured only nine inches. The mother's wedding ring could be put over the hand right up to the shoulder, showing how very small and thin the baby was. She was immediately placed in an incubator, where she remained for four months, only being taken out to be oiled all over and fresh cotton wool put on once every 24 hours, feeding, changing, and turning the baby were managed in the incubator.

The mother had no milk, so substitute feeding was employed. The baby was fed according to the Walker Gordon method, prescriptions being written by the doctor. She was fed by means of an eye dropper at first, ten drops of the milk prescribed being given every half-hour for the first week, and then gradually increased with longer intervals between the feeds.

She only doubled her weight at six months, but increased rapidly after that, and was the average size and weight at two years of age. She was always thin and fragile-looking, and there was always a difficulty in getting her to

take her food. At the age of five she had not gained in weight for a whole year, and quite suddenly lost her speech, developed a squint, and died in five days of meningitis. She was a child of a very affectionate, clever, loving nature, and much grief was felt by all who knew her, especially by the loving parents who had given her so much care and spent so much time in planning what was best for their tiny daughter.

A TRAINED NURSE AND MIDWIFE.

Some New Methods of Modifying Milk.

Miss Julia A. Gernard, in a paper read before the Garfield Memorial Hospital Training School Alumnae Association on the above subject, draws attention to the value of whey in infant feeding under certain conditions. It contains all the nutriment of milk except the casein (*i.e.*, the curd) and the fat. Whey is artificially produced by the addition of liquid rennet or essence of pepsin to the warmed milk. The casein (which is the indigestible portion of the milk) is coagulated by the rennet or pepsin, and can then be removed, while the lactalbumin is unaffected by these substances, and remains liquid in the whey. Hence its advantage as a diluent in cases of weakened proteid digestion. As the fat is removed by this process, it must be added afterwards, in the form of cream.

But "there is no rose without its thorn," and the prolonged use of whey by its very ease of digestibility, panders to the weakened digestive apparatus. However, whey has been given for several months with no ill-effects, and is often a valuable bridge to cross the stream.

Another method of feeding is by the use of butter milk. This has been an established thing in Holland, and other European countries, amongst the laity, for some time, but recently has been recognised by medical men as a valuable source of food for infants. It is cheap, and therefore adapted for use among the poor. It has an acid taste and reaction due to lactic acid fermentation. This would seem far from being a suitable food, but it does agree with some infants who have not thriven upon sweet milk preparations.

The advantage seems to lie in that the casein is already precipitated in small soft curds, and the lactic acid prevents further bacterial fermentation.

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