2. What abnormal substances may be found in the urine of a pregnant woman ?
   Indicate what might be the significance of the presence of each of them.
3. What is the first stage of labour ?
   Describe the observations you would make during a prolonged first stage.
   What are the dangers to be guarded against ?
4. Describe what you would do in a case of severe hæmorrhage during the third stage of labour before the arrival of a doctor.
5. What is meant by the term " Venereal Diseases " ?
   Give the chief signs and symptoms of each disease and describe the possible effects on the baby.
6. What would you do (*a*) during pregnancy, (*b*) during the puerperium, to prevent breast abscess ?

AUGUST, 1939.

LIST OF SUCCESSFUL CANDIDATES:—

UNDER OLD RULES

Examined.—First entries, 98 ; re-entries, 307 ; total, 405.
Passed.—First entries, 74 ; re-entries, 200 ; total, 274.
Percentage of Failures.—First entries, 24.5 ; re-entries, 34.9 ; all candidates, 32.3.

UNDER NEW RULES

Examined.—First entries, 352 ; re-entries, 35 ; total, 387.
Passed.—First entries, 284 ; re-entries, 23 ; total, 307.
Percentage of Failures.—First entries, 19.3 ; re-entries, 34.3 ; all candidates, 20.7.

L. FARRER BROWN, *Secretary.*

APPEAL FOR VOLUNTEER MIDWIVES—GOVERNMENT EVACUATION SCHEME.

The Minister of Health appeals for midwives not already employed on a salaried basis to offer their services in the receiving areas in connection with the Government Evacuation Scheme. This Scheme provides that expectant mothers as well as children should be given the opportunity to be moved from the densely populated cities. Provision is being made in the receiving areas for special maternity homes in which they may be confined. These homes will require a very large number of midwives to staff them. Many midwives will be transferred from evacuating to receiving areas ; other midwives who may be in independent practice or have retired have already volunteered to help with this work but there is still an urgent need for more. The Minister asks any midwife who can give time to this work of national importance to write to the Secretary, Central Midwives Board, 23, Great Peter Street, S.W.1, giving particulars of her experience and stating whether she is prepared to go wherever her services are required or whether she can only offer her services within a limited area. Any midwives who may be employed full-time for emergency work in the receiving areas will be paid the salary in force in that area. A midwife should not be deterred from offering her services by the fact that she has not practised for several years.

NEW MASK FOR SURGEONS AND NURSES.
VALUABLE IN EMERGENCY WORK.

A new type of surgeons' and nurses' mask which, it is claimed, offers numerous advantages over respiratory guards at present in use, is now being produced on a large scale in Great Britain.

Developed by an Essex optician, Mr. Denis Keen, and first used experimentally at Chelmsford Hospital, the new mask is made of a cellulose acetate derivative known as Rhodoid, a material similar to glass, but which is unbreakable and may be bent at will.

The particular advantages claimed for the mask are that the cumbersome and restricting gauze pads or other respiratory guards hitherto worn are no longer necessary, and speech may be carried on without danger. The construction of the mask also allows the use of the wearer's normal spectacle lenses. It is likely to be valuable in long operations and in midwives' work.

Furthermore, since the whole fitting is extremely light, it may be slipped on and off with the greatest ease—a particularly useful feature in emergency work. Its sterilisation is simple.

In combating the dangers of droplet infection picked up by the conjunctiva as well as the mouth and throat, it is believed that routine use of this type of protection in hospitals would keep both nursing staff and patients free from frequent cross infections.

Supplies of the mask have been sent to various parts of Europe, to South Africa and to America.

CÆSARIAN SECTION ON BABY GIRL.

A Cæsarian operation upon a baby girl aged six weeks old was recently performed.

The baby, at the age of two weeks, was taken to the Coventry and Warwickshire Hospital by her mother, who desired advice respecting the child's greatly enlarged abdomen.

An X-ray examination revealed the cause to be another child in a five months' stage of development. After a staff conference, and with the parents' consent the operation was successfully performed. The semi-developed baby, which weighed 2 lb., was removed, but was incapable of a separate existence.

The first baby has now been discharged in good health and in a perfectly normal condition.

All names, both of the staff concerned and the parents, are being withheld.

According to medical authorities there have been many cases of traces of embryo found in both external tumours and internally in the case of children. Any identifiable formation appears, however, to be a rare occurrence.

One obstetric surgeon pointed to frequent cases of traces of embryo revealed which must have been in existence at the birth, but were not revealed until adult age had been reached—in the case of female children.

An official of the Royal College of Surgeons stated that a book, " Curiosities of Medicine," published in 1897, recorded a dozen child instances of tumours containing traces of embryo, both internal and external. The most recent case in the book was that of an Indian boy aged 22, who had an external tumour in which there were traces of embryo.

INFANTILE PARALYSIS RESEARCH.
Swedish Professor's Conclusions.

Professor Carl King, head of the Swedish State Bacteriological Laboratory, expresses the belief that, if not the actual source of infantile paralysis, at least a virus closely related to it has been found in water taken from an old well on an isolated farm in the Province of Skanne.

The attentions of a doctor were directed to the well when a boy of six on the farm contracted the disease in circumstances which seemed to point to a direct source rather than to infection from another patient.

A sample of the water was sent to the laboratory, and a substance was isolated which, when inoculated into research animals (apes), produced a disease localised to the central nerve system, and presumably infectious. Animals that had died from the disease were found to have symptoms precisely similar and of the same localisation as those found in cases of experimental infantile paralysis.

The disease substance does not lend itself to pure cultivation in the same way as other bacteriological substances.

previous page next page