

The Midwife.

CENTRAL MIDWIVES' BOARD.

The following is a list of successful candidates at the Midwife Teacher's Certificate Examination, Part II, in July, 1946:

Ethel Batey, Ethel Humphrey Benjafield, Hannah Mary Bridge, Jane Thomson Denholm, Frieda Olivere Dewson, Norena Mary Everitt, Rachel Mary Firmager, Kathleen Harrison, Norah Kathleen Hern, Audrey Kathleen Hooper, Beryl Ottilie Marjorie Mayer, Janet Lilian Rose, Dorothea Felicity Starey, Catherine Maud Taylor, Margery Ella Teece.

GYNÆCOLOGY.*

A HANDBOOK FOR NURSES.

By Gladys H. Dodds, M.D. (Edin.), F.R.C.S.
(Eng. & Edin.), F.R.C.O.G.

This very comprehensive work on Gynæcology should be sought by nurses and midwives as a real acquisition to add to their bookshelf, and a good companion for reference in this wide field of nursing.

Miss Gladys Dodds, in her book "Gynæcology—A Handbook for Nurses," reveals the enviable gift of technical and intricate study so interesting that one is irresistibly carried on; as for instance the first three chapters entitled: I. Anatomy of the Pelvis, II. Physiology of the Genital Organs, III. Fertilization and Implantation of the Ovum and Development of Fœtus and Placenta, illustrated with excellent drawings, are a triumph in lucid exposition.

Ante-Natal Care.

On Ante-Natal Care, Gladys Dodds writes: "Ante-natal care is the province of the midwife or doctor, but a State Registered Nurse is often asked and should be able to give helpful advice to the pregnant woman.

Pregnancy is a normal physiological condition, but so many changes occur in the body as a result, that a pathological phase may arise through inability of the body processes to adjust themselves to the new state. It is advisable therefore for the expectant woman to be under supervision from early in pregnancy, and the nurse should recommend her to go to an ante-natal clinic, or to a doctor, where she will be examined, instructed in the care of her health, and supervised. In this way avoidable danger during pregnancy and labour will be foreseen and prevented."

Diet.

On the following subject of Diet, it is interesting in these times of "rationing" to note under Vitamin B, the author writes: "Vitamin B complex consists of a number of substances unrelated chemically, but closely related in function. They occur together in foodstuffs. Vitamin B is not as effectively stored as Vitamin A, and its reserves are exhausted after a few days' deficiency. There was a shortage of Vitamin B complex in the ordinary diet in normal times, due to wide use of white flour.

"The Ministry of Food recognised this early in the war, and at first ordered the addition of Vitamin B to flour and then the use of a National loaf. The average diet furnishes about 250 to 500 international units daily, and the requirements in pregnancy are believed to be twice this amount. Polyneuritis, cramps, and pain in the lower extremities, which are common in pregnancy, are often due to deficiency of Vitamin B₁. Calcium influences the absorption of iron, and vitamin B₂ helps its utilization. Vitamin B complex is present in milk and milk products, yeast, whole-grain cereals, liver, eggs, root vegetables and some fruits."

* Faber & Faber, Ltd., 24, Russell Square, London, W.C.1. Price 10/6.

Post-Natal Care.

On Post-Natal Care, we read: "Nowadays, something like 95 per cent. of women have some ante-natal care, but only about 30 per cent. have post-natal attention. The average woman dislikes being examined as long as she feels well, and the recently delivered mother is very busy and if she has some minor discomfort is apt to consider it as one of the inevitable results of motherhood. The nurse should encourage patients to come to the post-natal clinic to make certain that everything is as it should be. Most mothers are discharged from hospital two weeks after delivery, but involution of the genital tract is not complete until six weeks after delivery. . . . The regaining of muscle tone is not a matter of involution but also one of exercises. These can be directed and controlled at the post-natal clinic.

Post-natal care should consist of a general medical examination and at least two gynæcological examinations at about the sixth and 12th week after delivery. In at least 30 per cent. of patients examined, some pelvic complication is found, e.g., incompletely involuted uterus, retroverted uterus, torn, eroded and infected cervix, prolapse, pelvic inflammation, and sometimes urinary incontinence."

Pregnancy Toxæmias.

In this interesting chapter, the author writes: "The great majority of cases of pregnancy run a normal course, but the borderline between normal and abnormal states is narrow, and a slight irregularity converts a physiological into a pathological state.

"About 10 per cent. of pregnant women suffer from one or another of a group of disorders termed toxæmia of pregnancy. These disorders are of great interest and are important as they are responsible for one-third of the total maternal mortality due to childbirth.

Toxæmia is classified into: (1) hyperemesis gravidarum; (2) acute yellow atrophy; (3) pre-eclamptic toxæmia; (4) eclampsia; (5) hypertension complicating pregnancy; and (6) chronic nephritis complicating pregnancy. These two latter diseases are not true toxæmias of pregnancy but they are usually included under this heading."

Concerning Pre-Eclamptic Toxæmia, and Eclampsia, and to quote its Etiology: "The discovery of the primary etiological factor has not yet been made.

"The disease occurs only in pregnancy and disappears soon after delivery. The cause must therefore be found in some substances elaborated in the foetal or placental tissues, or in some disturbance of the maternal metabolism due to the pregnant state; a vast amount of work has been done to try and find the nature as well as the origin of the toxic substances, but so far unsuccessfully. Numerous theories have been put forward."

Venereal Diseases.

Considerable space is given to venereal diseases, in which gonorrhœa and syphilis are dealt with and the importance of timely treatment in this dread disease, which cannot be over-estimated when it is realised that 20 per cent. of the blindness in the world is due to Gonorrhœa.

The concluding chapters on Gynæcological Examinations, Gynæcological Operations, Post-Operative Treatment, and Post-Operative Complications are of especial value in the practice of nursing.

Nurses and Midwives would be well advised to procure, study and keep for reference "Gynæcology—A Handbook for Nurses," by Gladys Dodds, as throughout its some 200 pages the fundamental instruction indispensable to nurses wishing to attain a high standard of skill in this important work is to be gleaned. A book conveniently light to handle, in good print, and in our opinion, should be widely circulated in the profession.

A. S. B.

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