MAY, 1950

The Midwife.

Central Midwives Board. Statutory Instrument, No. 380 of 1950, The Dangerous Drugs Regulations, 1950.

REGULATION 3 OF THIS STATUTORY INSTRUMENT authorises midwives who have notified their intention to practise to the local supervising authority to be in possession of and to administer medicinal opium, tincture of opium and pethidine.

The Board asks that local supervising authorities bring to the notice of all midwives practising in their area the provisions of Rules E.10(b), E.34(b) and E.41(b) of the Rules of the Board, which read as follows :—

"A practising midwive must not on her own responsibility use any drug including an analgesic, unless in the course of her obstetric training, whether before or after enrolment, she has been thoroughly instructed in its use and is familiar with its dosage and methods of administration or application."

administration or application." Since January 1st, 1947, the supply of pethidine has been controlled by the Dangerous Drugs Regulations and midwives have not been authorised to be in possession of or to administer this drug. The permission to hold and administer medicinal opium and tincture of opium is not new, but the new regulations affect the conditions on which these drugs may be held and used.

It will be noted that supplies of pethidine may be obtained by a midwife only on the production of the midwife's personal register of cases and that she will only be allowed to obtain up to 200 milligrams for each case entered in the personal register. It follows, therefore, that if the midwife wishes to use pethidine, it will be necessary for her to complete the first five columns of the register (being the number, date of expected confinement, name of patient, age and number of previous labours and miscarriages) before the confinement. In order to avoid entries being made for cases which the midwife does not subsequently deliver because of transfer of the case from the midwife's personal responsibility, it is suggested that these entries should be made during the later stages of pregnancy. It will also be necessary for the midwife to maintain a drug book containing the particulars set out in the Regulations. A book is being prepared in the form laid down in the Regulations and, if required, will be available from the Board's Publishers, Spottiswoode, Ballantyne & Co., 1, New Street Square, E.C.4.

The Board hopes that local supervising authorities will draw the attention of all midwives to the conditions for the use and safekeeping of drugs laid down in Dangerous Drugs Regulations.

New Baby Incubator.

A NEW INCUBATOR FOR NEW-BORN BABIES, the first of its kind to be made in Great Britain, has been introduced by Oxygenaire, Ltd., London. The unit is designed for use either as an incubator or oxygen tent separately or as a combined oxy-incubator. Its special features enable infants —particularly prematures—to be maintained at accuratelycontrolled temperatures and humidities for long periods with or without the addition of oxygen. An adjustable cradle on which the infant rests can be tilted if necessary to an angle of 30° for extracting mucous from the lungs.

Constructed of aluminium and plastic material and fitted with rubber-tyred, swivel casters, the incubator can be moved about with ease. It is operated electrically (220–240 v. A.C. or other voltage), four elements preventing any complete breakdown in the heating system and a thermostat controlling the desired temperature to within 1° F. A sensitive hygrometer accurately records the percentage of humidity present and while the unit is in use indicator lights show that the mains, heating and circulation are operating



The New Baby Incubator.

correctly. Circulation through the incubator is ensured by an electric blower and the filtered air intake can be regulated when oxygen is being administered. A set of two-stage reducing type regulators showing the contents of the oxygen cylinders and the rate of oxygen flow is supplied with the unit.

The clear moulded transparent plastic canopy permits of unobstructed observation and is hinged on both sides for easy access to the infant. Separation of the incubator tent compartment from the heating elements eliminates any risk of fire and the unit is earthed back through the mains. Two heated cupboards are built into the lower part of the unit for storing the infant's accessories.

Prototypes of the incubator shown in the accompanying illustration are at present being tested out in maternity hospitals in different parts of the country. Further details of the apparatus can be obtained from the manufacturers, Oxygenaire (London), Ltd., 8, Duke Street, Wigmore Street, London, W.1.





