

TABLE II

Comparative statement showing the percentage in the methods of delivery

	Percentage in 10,000 series	Percentage in 2,500 full-term primiparæ series
Normal	94.64	90.95
Forceps	3.98	8.2
Internal podalic version ..	1.11	0.4
Cæsarean section	0.27	0.44

TABLE III

Comparative statement regarding ratio of sex of child

Particulars	In 10,000 series	In 2,500 series
Boys	526.5	522
Girls	473.5	478

This table confirms the fact that the incidence of male and female births is approximately equal. Sex is a Mendelian character of heredity and the two possible combinations resulting in males and females occur in equal numbers—where large numbers of matings are involved. A very interesting chapter on this subject is given in Professor F. J. Brown's book, 'The Antenatal and Postnatal Care'.

TABLE IV

Maternal and neonatal mortality per thousand

Particulars	In 10,000 series	In 2,500 series
Maternal	9.0	7.6
Neonatal	54.5	43.0

The incidence of maternal and neonatal mortality is greater in the mixed series than in the 2,500 primiparæ series. It is due to abnormal presentations and increased incidence of diseases in multiparæ.

TABLE V

Average weight of new-born infant

In 10,000 series ..	6 lb. and 6 oz.
In 2,500 series ..	6 lb. and 2 oz.

This confirms the popular belief that in multiparæ the baby is heavier at birth than in primiparæ.

Conclusions

1. Abnormal presentations are definitely less in primiparæ, while forceps deliveries are more common.
2. The proportion of male and female births is approximately the same where large numbers of matings are involved.
3. The weight of the new-born baby is greater in multiparæ.
4. The maternal and neonatal mortality rates are higher in the 10,000 series, though the percentage of abnormal deliveries is more in the primiparæ series.

We are grateful to Colonel J. C. Pyper, O.B.E., I.M.S., for his helpful suggestions, and to Dr. Ramgopal and Sister L. D'Souza, for helping us with the statistics.

A Mirror of Hospital Practice

SULPHANILAMIDE IN A CASE OF ABDOMINAL INJURY

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The following case appears worthy of record:—

L. D. was gored by a wild boar at night in his field while watching his crops on the 10th March, 1944. After a lapse of twenty-four hours he was carried to the dispensary, a distance of ten miles over and down the ghats. He had irregular contused wounds of the back muscles and several gashes on the right abdominal wall and thigh. The peritoneum was ripped open about two inches on the outer border of the rectus and a large mass of omentum and one-and-a-half feet of small intestine had prolapsed. He was suffering from shock, and appeared moribund. The whole mass had been covered with ashes, turmeric powder and a paste made of green jungle-leaves, and tied up with dirty rags and old 'pugree'. Under a morphia injection the skin, wounds and bowels were repeatedly cleaned with boiled water and all foreign bodies were wiped out. The bowels were not punctured. The raw surfaces including the mesentery folds were covered with boiled towels, cleaned with ether, and dusted with sulphanilamide, two-and-a-half grammes (Evan's streptocide). Under procaine locally, the prolapsed parts were gradually replaced, and the abdominal opening closed in layers with a drainage tube. Anti-tetanic serum was given. Also streptocide solution 2½ per cent 5 c.cm. intramuscularly, saline with adrenalin by rectal drip, and glucose by mouth were given. One gramme of streptocide powder was given at bed time, the temperature being 100°F., pulse 160. Next day the

temperature was 100°F., and the pulse 140. Enema given, and rectal saline continued. Streptocide 0.5 gm. given every eighth hour; flatus tube passed with some relief. On the third day the temperature was 98.5°F., and the pulse 120; streptocide continued. The patient was very restless with acute distension of abdomen. Pituitary extract 1 c.cm. given by injection, castor oil 1 oz., and turpentine stupes externally relieved the distension. On the fourth day, the temperature and the pulse became normal. Streptocide was continued till the eighth day and then stopped. The main abdominal wound appeared to heal by first intention, but the damaged skin tags and tissues gave way in some places and caused a gaping raw surface. On the thirteenth day these surfaces were brought together and sutured, and where this was not possible, skin-grafting was done which took well. After over a month in the hospital he was discharged.

My thanks are due to the authorities of the Andhra Valley Power Supply Company for permission to publish these notes.

MALARIA IN THE NEW-BORN

By B. M. ADHICARY, L.M.F., L.T.M.

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AN infant just 15 days old started a continued pyrexia on the 10th June, 1943. A peripheral blood film was taken on the 12th and was sent down to the Central Laboratory at Madabpur for examination. M.T. rings were found in the film (heavy infection). The infant was put on to quinine orally and made an uninterrupted recovery.

ERRATUM

The last word 'eruptions' in paragraph 2, page 251 (left-hand column) of the article on 'Influence of milk powder on fluorine intoxication in rats', published in the June number should read as 'injections'.