

CHAPTER 1

THE FEDERAL RESERVE'S POLICY ON MONETARY

DATE	ISSUE	STATUS	REMARKS
1964-65	MONETARY	100	VIA BOARD
1966-67	MONETARY	100	100
1968-69	MONETARY	100	100 - continued daily work

THE REPORT OF POSITION FOR SECOND STAGE OF TARGET

The Commission on the Status of the Economy, established in 1962, has the honor to submit to the President and the Congress its report on the progress of the economy during the past year. The Commission's report is based on the information received from the various agencies of the Executive Branch and from the public. It is intended to provide a comprehensive and objective analysis of the economic situation and to recommend appropriate policies for the future.

The Commission's report is organized into four main sections: (1) a general statement of the economic situation; (2) a detailed analysis of the major economic problems; (3) a discussion of the policies that should be pursued; and (4) a summary of the Commission's recommendations. The Commission believes that the economy is in a state of relative stability, but that there are still a number of important problems that need to be addressed.

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CONCLUSIONS AND RECOMMENDATIONS

The Commission believes that the economy is in a state of relative stability, but that there are still a number of important problems that need to be addressed. The Commission recommends that the following policies be pursued:

- 1. The Federal Reserve should continue to maintain a steady and predictable monetary policy.
- 2. The Government should continue to support a policy of fiscal responsibility.
- 3. The Government should continue to support a policy of economic growth and development.
- 4. The Government should continue to support a policy of social justice and equality.

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Table 1. Results of the study.

Group	First Stage (minutes)	Second Stage (minutes)
1. No. of second stage more than 60 minutes	14 (14%)	31 (31%)
2. For operative vaginal delivery Median (Quartile Range) in minutes	95 (65-125)	66 (45-95)
3. Perineal Trauma		
a) Episiotomy only	21 (33%)	32 (30%)
b) Extension of Episiotomy	4 (6%)	3 (3%)
c) Third degree perineal tear	1 (2%)	1 (1%)
d) Lacerated Anal Canal	3 (5%)	2 (2%)
4. Blood Loss		
a) No. of PPH cases with blood loss 500 CC	5 (5%)	5 (5%)
b) Mean (S.D.) estimated blood loss (ml)	228 (123)	223 (139)
5. Post-Partum valve occlusion		
a) Nil	67 (67%)	66 (66%)
b) Mild	20 (20%)	18 (18%)
c) Moderate	11 (11%)	14 (14%)
d) Severe	1 (1%)	2 (2%)
6. Psychological effects		
a) 10.5	54 (54%)	56 (56%)
b) 8.7	4 (4%)	4 (4%)

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1. The first part of the document is a list of names and addresses of the individuals who were interviewed for this report. The names are listed in alphabetical order and include the following: [illegible names]

2. The second part of the document is a list of the questions that were asked of the individuals during the interviews. The questions are listed in the order in which they were asked and include the following: [illegible questions]

3. The third part of the document is a list of the answers that were given by the individuals to the questions. The answers are listed in the order in which they were given and include the following: [illegible answers]

4. The fourth part of the document is a list of the conclusions that were drawn from the interviews. The conclusions are listed in the order in which they were drawn and include the following: [illegible conclusions]

5. The fifth part of the document is a list of the recommendations that were made as a result of the interviews. The recommendations are listed in the order in which they were made and include the following: [illegible recommendations]

6. The sixth part of the document is a list of the sources of the information that was used in the report. The sources are listed in the order in which they were used and include the following: [illegible sources]

7. The seventh part of the document is a list of the individuals who were responsible for the preparation of the report. The names are listed in alphabetical order and include the following: [illegible names]

8. The eighth part of the document is a list of the individuals who were responsible for the review of the report. The names are listed in alphabetical order and include the following: [illegible names]

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DISCUSSION

Chorionic villus sampling (CVS) introduced by Kalisher and Sankhji (1973) is one of the advanced techniques of prenatal diagnosis for chromosomal disorders and other genetic abnormalities. CVS is simple and safe (Stamenov, 1974; GM et al, 1975; Simons et al, 1977) compared to other methods of invasive type of prenatal diagnosis. In addition, this method yields information on foetus as early as six weeks of gestation. An advantage of CVS is that the cytogeneticist or chromosomal analyst which later develops into patients, divides very rapidly and thus makes direct chromosomal preparations much easier.

In the present investigation direct chromosomal preparations were made from chorionic villus sampling in cases of spontaneous abortion and/or MTP cases with a view to study

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REFERENCES

MATERIAL AND METHODS

Selection of Patients

Total number of 100 cases for study was mostly selected from those demanding Medical Termination of Pregnancy. Besides a few involved patients with missed abortion and those who had negative history of spontaneous abortion or had given birth to congenitally malformed babies. All these patients belong to age groups ranging between 18-35 years. The gestational period for most of the patients ranged from 6 to 12 weeks.

Chorionic Villus Sampling

Chorionic villus samples were obtained with the help of the laparoscopic proper forceps which was made of soft polyethylene of 4.5 cm. in length and 2.5 mm. in diameter. It could easily be passed through dilated cer-