

#### PRINCE OF WALES'S HOSPITAL FUND.

THE distribution of the Prince of Wales's Hospital Fund is now taking place, and the way in which the amount at the disposal of the Committee is being apportioned, is causing much public comment, and considerable discontent. We remarked in a previous issue that it was desirable that the Committee entrusted with the distribution of this Fund should be a representative one, and one with which the many interests involved would receive due consideration. It is, we think, to be regretted that this course has not been adopted.

#### THE ASYLUMS BOARD TRAGEDY.

THERE are many strange circumstances connected with the blunder at the North-Western Fever Hospital, Haverstock Hill, resulting in the burial of a child by the parents of another as their own, while the actual parents believed the child to be progressing towards recovery. But the strangest thing in the whole matter is that the supposed parents who visited the dying child did not at once disown it. These parents now state that they had some doubts as to the identity of the patient, but it seems incredible, first of all, that they should be in doubt at all, and not know for certain whether the child was their own or not; and, secondly, that having these doubts they did not give expression to them. The fact that the mistake in the identity of the children should have occurred at all is remarkable, for the rules issued by the Metropolitan Asylums Board, to avoid such a catastrophe, are definite and precise. One of the rules supplied to nurses on ambulance duty directs them:

"Before removing any child of seven years or under from its home to the Ambulance, to tie round its neck a label with the child's name, age, and date of removal written on it; and to hand the child over to the nurse in charge with the label tied round its neck."

There is no reason to suppose that this rule was not carried out, and the theory at the present moment is that the labels were changed in the process of bathing. Had the supposed parents of Willie Mulquin mentioned their doubts, another rule would have been put in force, and in all probability the mistake would have been discovered. Nurses working in the hospitals under the Metropolitan Asylums Board are instructed—

"To report at once to the Medical Superintendent or to the Medical Officer in charge, any complaint made by any patient's friends, and the person making the

complaint is not to leave the hospital until seen by the officer to whom the complaint is reported."

It will thus be seen that every effort is made to prevent the occurrence of mistakes.

### The Nursing of Maternity Cases.

By MARGARET BREAY,

Late Superintendent St. John's Maternity Home.

(Continued from page 29.)

#### ABNORMAL PRESENTATIONS.

THE obstetric nurse must be prepared to recognize abnormal presentations and conditions, in order to send at once for medical assistance.

#### TRANSVERSE PRESENTATIONS.

A *transverse presentation* is one in which the long diameter of the child is at right angles to the long diameter of the mother. It is obvious that the patient cannot be delivered by natural means when the child is in this position, and it is also of importance that the condition should be recognized early in the labour, in order that medical aid may be procured before the membranes have ruptured. The reason of this is that it will be necessary for the medical man to insert his hand into the uterus and turn the child, bringing down a foot, and delivering it as a pelvic presentation. It is easy to see that if the membranes have ruptured, and the uterus has firmly contracted upon the child, the difficulty, and danger, of this operation is materially increased. A transverse presentation may be recognized:—

(1) By the unusual appearance of the woman's abdomen.

(2) The head of the child will be felt in one iliac fossa, and the breech in the other.

(3) Upon vaginal examination the os uteri will probably be found to be little dilated, and the presenting part high up and difficult to reach, but eventually the hand, arm, or ribs of the child will be made out. If the patient has been in labour for some time, and the membranes have ruptured, a hand or arm may even be felt protruding through the os.

#### PLACENTA PRÆVIA.

This is a presentation which indicates grave danger to both mother and child. As the name implies, the placental site occurs low down in the uterus, instead of in its normal position at the fundus. The insertion of the placenta may be on both sides of the os uteri, in which case the presentation is termed *complete placenta prævia*, as the presenting

[previous page](#)

[next page](#)