

placenta. The rare abnormality of the placenta being born first flashed through one's mind, but a few seconds after there was no doubt about the diagnosis. The characteristic sago-like vesicles abounded in a mass of blood clot, weighing approximately four pounds (when washed free from loose clot the mole weighed  $2\frac{1}{4}$  lbs.). The uterus contracted well. The height of the fundus was three inches above the pubes. The doctor explored the uterus under chloroform; the walls were smooth for the most part; but some pieces of mole were scraped from one area. After delivery the pulse was 100; the temperature 99.8 degrees. An intra-uterine douche (1 in 4,000 perchloride of mercury) was given. The patient had a satisfactory puerperium; the uterus was four inches above the pubes the day after delivery; the temperature rose to 100 degrees on the second and eighth days, but this was due, in the doctor's opinion, to home worries. The lochial discharge was pale; it ceased on the fifth day.

The specimen was placed in Kaiserling (formalin 20 per cent.). The fœtus was found imbedded in the mole, enclosed in the amniotic sac. The discovery of this adds peculiar interest to the case; in so many instances it is absorbed. The wee thing measured one inch in length. The patient is still under the observation of the doctor. Cases of vesicular mole are often followed by chorion epithelioma.

### Among the Mountains.

In an interesting paper on "Missionary Nursing Among the Mountains" of North and South Carolina and Tennessee, presented by Miss Maria Purdon Allen to the Tenth Annual Convention of the Nurses' Associated Alumnae of the United States, she says:

Babies are started at an early age on indigestible food, and although cutting their teeth very late, are eating "just anything and everything," including pork, beans, cabbage, sweet potatoes, and the underdone soda-biscuit known as bread. This is pale, often yellow and green in streaks, for the success of your bread depends entirely on luck and not upon any skill in measuring the materials.

Cleanliness may, in time, become a preventive of "thresh," but this trouble is often looked upon as a family failing, and when heredity is too much for the baby it is so simple to use a cure such as drawing a lizard through its mouth, or to have a man who has never seen its father, breathe on the sore mouth.

Upon the baby's arrival neither he nor his mother must be touched, as to clothing, for

three days, when the mother frequently sits up to have her bed made and to "strip" while the baby may be washed and re-dressed and have another greasy cloth applied to the umbilicus, the cord having often rotted off in that time.

Should there be post-partum hæmorrhage, one can stop it by placing an axe under the bed with the blade up. When it is time to wean the baby the signs of the Zodiac must be down, "plumb down in the legs" as one woman told me, speaking of her two-year-old, "but if the signs had been up in the neck or head, it would have killed the baby," showing me an almanac to prove it, we being then under the rule of Aquarius, the water carrier. Yet this baby was eating just what he wanted, and had been since his first month or two.

### Midwives in the Transvaal.

Some discussion took place at a recent meeting of the Transvaal Medical Council, on the report of the Executive Committee, as to whether a coloured woman, from America, should be admitted to the Midwives' Examination. It appeared that she was a University graduate, holding a B.Sc. degree of the University of Ohio.

The President, as reported by the *South African Medical Record*, pointed out that there appeared to him nothing in the Medical Ordinance to prohibit the registration of coloured persons, and, on the Executive Committee referring the question to Government for its opinion, the reply had been elicited that the Colonial Secretary saw no reason why she should not be admitted to examination. There was, therefore, no justification for refusing her, but it would be necessary to make such arrangements at the actual examination as would prevent any friction between her and the European candidates.

Dr. Kay remarked that he did not see how they could keep the candidate out. If she passed, however, he hoped she would confine her work to people of her own colour, to whom she might be a great blessing, but at the same time they had no power, so far as he knew, to prevent her practising amongst white people.

It was decided, we are glad to say, to admit her to examination.

Assuming that she possesses the necessary knowledge, why should not a coloured woman practise as a midwife? To go a step further, if white women desire to employ a coloured midwife, why should they not be allowed to do so? She could not practise amongst them unless they themselves engaged her. There are white people to whom the proximity of coloured ones is objectionable. There are others who have no feeling of this kind. The question of a coloured midwife practising amongst white people is one which must eventually be settled by the law of supply and demand, not by restrictive legislation. The large majority of white women will, no doubt, secure the services of midwives of their own colour.

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