

of the Society who called at the institution, found six children there, none of whom had been registered under the Infant Life Protection Act. The defendant asserted that some of the children belonged to the probationer nurses in the hospital. In the case of Ena Pratt, the mother, who had been addicted to drink, paid the prisoner 19 guineas to be trained as a midwife, but left the hospital on June 29th. Ena Pratt, on the visit of the officer, was in a dying condition, and the child Edwards was in a similar condition to the Italian child.

THE DEFENCE.

Mr. Moyses, who defended, said his client was a respectable professional woman, who at one time possessed a fortune of £30,000 to £40,000. She married, and her husband got rid of it all. Nevertheless, she kept him for the last years of his life. Then she associated herself with this home, as a means of earning a livelihood and helping women.

Mrs. Chowne emphatically denied the allegations of cruelty. She said she was fond of children, or she would not have carried on the institution. She did not know under the circumstances that she had to register the children. Evidence was also given that the condition of the children was due not to neglect but to their state of health. The prisoner was found guilty of neglecting the Italian child (Lena Rivi Murio) and Ena Pratt, sentence being postponed.

From enquiries made in the neighbourhood, we learn that Mrs. Chowne is well known and well spoken of, and surprise is expressed at the accusations against her. At one time she did monthly nursing in the locality, and a few years ago opened the Maternity Home in two adjoining houses, and afterwards took a third house opposite as a Children's Home, which was registered. The general opinion seems to be that Mrs. Chowne and her assistant had more work than they could manage, and that in consequence they did not sufficiently supervise the Children's Home. It is believed that the children were well fed, and that the neglect occurred in not changing and washing them sufficiently often.

Points which require elucidation are why a woman who had recently had a child and who had been "addicted to drink," should be received into the Home with the object of becoming a certified midwife, and the allegation of Mrs. Chowne that some of the children in the Home were the children of probationers in the Hospital. Her action in appearing to answer the charges against her in the uniform of an honourable profession cannot be justified.

Obstetrical Superstition.

Dr. W. C. Kissinger says, in the *Pennsylvania Medical Journal*, that in all branches of medicine one meets with many curious superstitions. In obstetrics one meets with some curious ideas that have existed for centuries. The doctor knew of a case in which the mother and nurse positively refused to allow him to weigh the baby because it was unlucky. The custom of burning the cloth used to dress the cord originated in a superstition. Experience has shown it to be of value, and science tells us why. It is considered unlucky to be born on Friday. The months and phases of the moon also influence the future of the baby. Galen has said that "animals born when the moon is falciform are weak, feeble, and short lived, while those born when the moon is full are the reverse." On the other hand, it is an extreme good fortune to be the seventh daughter of a seventh son. To be born with the caul is also a rare good fortune. These membranes are dried, and are supposed to possess a wonderful charm. The possessor is endowed with eloquence, and is enabled to avoid many serious dangers. It is reported that these "cauls" may be bought in France for a reasonable price. To increase labour pains and hasten delivery it is a highly esteemed practice for the patient to hold a palm leaf in her hand or to place a sardonyx between her breasts.

Midwifery Emergencies.

One of the most serious emergencies with which a midwife can be confronted during the puerperium is secondary hæmorrhage from the cord of the child. Dr. Jellet, in his *Practice of Midwifery for Nurses*, says:—"Late or secondary hæmorrhage from the cord may occur at any time during the fortnight subsequent to delivery. It may be due to various diseases, but the most common cause is ulceration of the umbilicus, due to septic infection. This form of hæmorrhage is extremely difficult to check, and is, in most cases, fatal. While medical aid is arriving the nurse must apply firm pressure with the fingers, or with a pad of cotton wool, so as to check the bleeding as far as possible." The same authority says, with regard to the cord:—"The stump of the umbilical cord does not materially change during the first twenty-four hours after birth. Then a line appears round the base of the cord and marks the place at which it will subsequently separate from the baby, and the cord becomes progressively drier, brown, and mummified. It usually falls off between the third and sixth days. The umbilical arteries then gradually shorten, and the remainder of the cord is drawn like a plug into the umbilicus, which it completely fills, so preventing the occurrence of an umbilical hernia. The only essentials in managing the cord are to keep it dry and aseptic." It is usually dusted with boracic and starch powder and enveloped in an antiseptic wool.

[previous page](#)

[next page](#)