

It is evident that Miss Bröchner is keenly interested in this educational side of the work of the hospital. She is also in her right place amongst the patients, and handles the babies as one who understands and loves these little people.

The Ward Sisters come on duty at 8.30 a.m., the Staff Nurses at 7 a.m. Both Sisters and Nurses have four hours' off duty every day, either from 2—6 or from 6—10, besides the usual long days and Sunday leave.

The wards vary in size. Some are large, others contain only two beds. In all, the patients seem well cared for and happy, and the food appeared to be of excellent quality, the dinners being served appetisingly hot.

The Hospital was founded in 1752, and is doing an excellent work. Although situated in the western area of London, there is a poor population at its gates, and it never lacks for patients. One cannot fail, on visiting an institution of this kind, where everything possible is done for the relief of suffering, and where a suspicion of septic infection is almost unknown, to remember the time when, in our lying-in hospitals, puerperal fever was rife, and thankfully one acknowledges how the scientific discoveries of the last century have resulted in the elimination of this dread disease from their wards. It has been exorcised by the strict application of the principle of surgical cleanliness, and it is the extension of the observation of this principle which, we hope, will, in time, result in the diminution, and extermination, of puerperal fever from the homes of the poor, as, through the agency of well-trained midwives, dense ignorance gives place to knowledge, and the appalling death-rate from this preventable disease becomes a thing of the past.

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### **An Important Pronouncement.**

The Local Government Board has informed the Chorlton Union Board of Guardians that they are empowered if they think proper to pay for any medical or other assistance which shall be rendered to any poor person on the happening of any accident, bodily casualty, or sudden illness, although no order shall have been given for the same by them, or any of their officers, or by the overseers, and that it is competent for them under this enactment to pay the fee of any medical man called in on the advice of a midwife to attend upon a poor person in case of difficulty.

This is a point which midwives will do well to note and remember.

### **A Case of Hydatidiform Mole.**

BY A MIDWIFE.

To few midwives it is given to be present at the birth of a hydatidiform mole. Their occurrence is so rare that the famous obstetrician, Madame Boivin, only found it once in 20,000 cases; Edgar had four in 15,000 cases; other writers give the frequency variously, ranging from one in 2,000 to one in 8,000 cases.

The patient was a multipara, pregnant for the ninth time; she had miscarried twice, once at three months, and once at six weeks, between the fifth and sixth child; all the labours had been normal and easy. Her last menstrual period was in the middle of March; she had morning sickness twice. During May she had a dark, bloody discharge for two days, and again in June, when it lasted one day. It recurred in the beginning of July, and continued, with occasional intermissions, till I saw her for the first time on July 23rd. She did not remember quickening, and had not noticed that the abdomen rapidly increased in size; the hæmorrhage had been without pain.

While waiting for the doctor, I made an abdominal examination. The uterus was heart shaped, four fingers breadth above the umbilicus at the sides, and two fingers breadth in the middle; there were uterine contractions about every fifteen minutes; the uterus then presented a uniform mass; in the interval it was doughy to the touch; no foetal parts could be felt, no foetal heart sounds heard. The whole was suggestive of concealed hæmorrhage. The breasts contained fluid. The pulse was 108, but it was good and steady; the patient was not anæmic, and her general condition was satisfactory. She had evidently had some alcohol; her history was, therefore, elicited with some difficulty.

On vaginal examination, the canal was present, the cervix anteverted, thick, and shortened; the os easily admitted two fingers, and a firm mass, which felt extraordinarily like placenta was presenting. A small mass of tissue was hanging down into the vagina.

The doctor suspected a mole, but the history was so indefinite he thought it might be concealed hæmorrhage, complicated by placenta prævia. The patient was not losing, he, therefore, decided to temporise. An enema was given, and she was carefully watched all night. At 4 a.m. she had six ounces of hæmorrhage; at 6 a.m. five ounces. The os was not more dilated. The contractions then became more frequent, and at 8 a.m. a large mass of old blood clot was passed. At 8.30 a.m. there appeared at the vulva a mass which at first glance looked somewhat like

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