

## The Midwife.

### Multiple Endothelioma in an Infant, Simulating Nævus.

"H. L. J.," writing in the *St. Bartholomew's Hospital Journal*, gives the following interesting description of a case seen at the hospital:—

Alexander R.—, æt. 11 months, was referred to the Electrical Department on the 16th of July as a case of multiple nævus. Scattered over the surface of the body were twenty-seven bright red growths, varying in size from that of a pea downwards, the smallest being minute, no bigger than a pin's head, but all were florid and resembled nævi. The largest was raised so as to form little rounded tumours. Three of the largest were cut off by means of the galvano-cautery point, and taken to the pathological department for examination. In cutting through the base with the galvano-cautery it was noticed that they were paler within than might have been expected if they had been nævi, and Dr. Andrewes' report was as follows:—

"The tumours are not really nævi. They consist of more or less solid sarcoma-like tissue, covered by ordinary epidermis scarcely thickened. They are not specially vascular. They quite resemble in their histological structure ordinary fleshy moles or warts.

These growths are now usually considered to be of endothelial origin. Ziegler terms them "lymphangioma simplex hypertrophicum. They are innocent in nature, but may be the starting-points of melanotic sarcoma."

The mother stated that none of the growths were present at birth, and none were seen until the child was a month old, when they began to appear and developed in succession, the largest being the first to appear. They were increasing in size. There had been a twin brother who died when aged two months, but he also presented two growths of similar appearance.

All the spots were destroyed by the galvano-cautery except one small one of the left shoulder, which was left for observation. The untreated spot remained unchanged. Of those which were cauterised most have disappeared, but two show a red colour still.

The above case is interesting to midwives, who may meet similar conditions in the course of their work, and should realise the importance of medical treatment for the child.

### The Midwives' Act Committee.

We have already given some account of the evidence of two witnesses before the Departmental Committee appointed to consider the working of the Midwives Act. We now propose to refer to that of Miss Amy Hughes, which is interesting as coming from the General Superintendent of Queen Victoria's Jubilee Institute, the object of which is, in Miss Hughes' words, "to provide improved means for nursing the sick poor in their own homes, including attendance on women in childbirth."

Miss Hughes stated that two classes of nurses were engaged by the Institute—"First, the Queen's Nurse, who must be a fully trained hospital nurse, with an approved certificate from some hospital or infirmary, and who has had, in addition, six months district training—that is, trained experience in nursing the sick poor in their own homes, and the ordinary care of women after childbirth. They take the midwifery certificate, if required, but many of them already possess it before coming to us."

"Then we have the Village Nurse, who is the woman who works in the rural districts, where it would be impossible to maintain Queen's Nurses. Generally, she is a woman selected by the County Committee, and is very often obliged to be a resident in the county, but this depends on the conditions laid down by the County Council. Her training often is given by grants from the Education Committees of the County Councils. These women are given a training in midwifery varying from nine to twelve months, and are also given some general knowledge in nursing, in order that they may be more useful in the villages."

It is noticeable that Miss Hughes claims no more for the Village Nurse than that she is useful in the rural districts, where it would be impossible to maintain Queen's Nurses. It is greatly to be regretted that in England and Wales (for Scotland has kept clear of this error) these village midwives, "with some general knowledge of nursing," should be organised under the title of nurse, instead of that of midwife, which they can rightfully claim. We believe that the problem of the maintenance of nurses in the rural districts is to be met, not by lowering standards to produce a cheaper article than the Queen's Nurse, but (1) by organisation, and (2) by the endowment of the Institute with a central fund which can help the poor localities. With Lady Helen Munro Ferguson, in an historic speech at Liverpool, "we never could see why, because persons live in an inconvenient, out-of-the-way district, ten miles or so from the nearest doctor, they should have a less experienced nurse than an individual who lives next door"; added to which there is the danger alluded to by Lady Helen when she said: "The great majority of these county nurses, once they have fulfilled their engagement, go off to nurse on

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