

asked to report the fact. Four pairs of examiners reported candidates as inefficiently prepared, and another reported that the candidate had such a slight knowledge of English that it was doubtful how much she had profited by her training. These reports were filed in order to ascertain whether in any particular institution the preparation was habitually at fault, but so far this had not been the case.

A tender for painting the offices was accepted, and the meeting then terminated.

POST GRADUATE WEEK AT YORK ROAD HOSPITAL.

THE OPENING DAY.

The Post Graduate Week of the Lying-in Hospital, York Road, S.E., commenced on May 26th. By kind invitation of the Matron and staff, members were entertained to tea in the garden attached to the hospital by way of opening the proceedings. Many factors combined to make this social gathering a great success. Hostesses who well understood their art, beautiful weather, the warmth of which made an *al fresco* meal a welcome surprise, dainty tables supplied with good things, the gathering together of past pupils, the renewal of old friendships, the pleasant hum of conversation, the comparing of notes about work and interests, made the hour pass quickly, and we realised that if we were to see anything of the hospital before the lecture began we must tear ourselves away from this inviting spot and devote ourselves to the more serious business. Very bright and cheerful were the wards, very proud was each mother of her charming baby, no matter did it happen to be the first or the tenth. In one ward of four beds the babies had all taken it into their naughty little heads to be born at the same time. Poor Sister! They seemed quite indifferent about their inconsiderate arrangements and were sleeping in the most selfish manner possible in sweet little white frilly cots with huge pink ribbon bows. We were permitted to see the various labour wards, fitted up with every appliance that could be needed. Only those nurses who wear uniform, however, will be permitted to enter while a case is in progress. We were particularly pleased with the screens in some of the wards, the curtains of which were of cream-coloured casement cloth. They looked so cool and clean. We visited the museum, in which most interesting specimens were on view. By this time the hour appointed for the lecture by Dr. Fairbairn had arrived, and members assembled in the hall.

LECTURE BY DR. FAIRBAIRN.

The lecturer said it was a good thing to consider the changes that had taken place in midwifery during the past twenty years, and quite recently. They were much the same as in ordinary surgery, for surgical procedure was of late years more

simplified, though much more care was bestowed upon it. Some midwives put their whole faith in antiseptics, but it should be remembered always that antiseptics were only the auxiliary of asepticism. Some students and nurses imagine that if they put their hands into lotion they can then do what they like. An antiseptic was only an additional safeguard, not the principal thing. Good midwifery meant the least possible internal manipulation. Vaginal examination should be reduced to the least possible limit. The lecturer dwelt on the danger in connection with this point, and pointed out that the placental site had all the qualifications for the growth of organisms, lochia, warmth, moisture, and darkness, and had none of the resistance of living tissue. Queen Charlotte's Hospital had drawn attention to the fact that in fifty-five per cent. of the cases when the hand had been introduced there were some morbid symptoms.

Dr. Fairbairn then dwelt upon the advantages and drawbacks of anæsthetics and sedatives. The drug that was coming into use was Pituitrin which increased the rhythmical contraction of the uterus; and was to be preferred for this reason to ergot, which was so commonly used in former days and which had a tonic effect.

The modern tendency in difficult or delayed labour was to leave things to nature, until some obvious indication arose. They were learning more and more to wait on nature, and to regard interference as bad midwifery. Very few patients suffer from being left a good time in labour. In cases of contracted pelvis there was a gradual diminution of induction labour. There were two reasons for this—one, the improved results from the application of high forceps; and the other a diminution in mortality from Cæsarian section. If only certain asepsis could be secured, he (the lecturer), would be prepared to perform the latter operation an unlimited number of times. The risk of post-partum hæmorrhage by this method was infinitely less. If it was performed just before full term, and the patient had not had internal examination, the prognosis was good; but, if when admitted after examinations, and the use of forceps outside the hospital, the risk was enormously increased. The risk under hospital precautions was about one per cent.

Dr. Fairbairn concluded his lecture with some points on eclampsia and ante-partum hæmorrhage. Of the former, he said there was great difference of opinion as to treatment. Dr. Herman considered that immediate delivery, with its consequent laceration, only showed a very small percentage of advantage; and was a great advocate of the sedative treatment. Dr. Fairbairn, on the other hand, said that in cases under his care where he had delivered at once there was a marked improvement from that time. There were two schools and a certain amount might be said for both.

At the beginning and close of his lecture, he welcomed the graduates assembled, and expressed his pleasure at seeing the old pupils.

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