

photographs of the hospital and staff were being eagerly bought up by old pupils. Leading out of the hall is the Museum, which contains many deeply interesting and instructive specimens.

Sister Olive, who was greeted with great acclamation, said she intended to speak on some emergencies in the course of labour. She read the rule of the Central Midwives Board, which authorises the midwife to deal with such to the best of her power pending the arrival of the doctor. She emphasised the necessity for a long training, as it was only by seeing a large number of cases that one could deal with emergency and become accurate in diagnosis, which last was essential to the safe conduct of a labour. A midwife should have an appreciation of the dangers of action and inaction, of the advantages and disadvantages of various kinds of treatment. She must also thoroughly understand asepsis, and antiseptics, and she must remain absolutely calm. She drew a picture of a midwife alone in an island in the North of Scotland where many hours must elapse before medical help can arrive. An emergency bag was, she said, a necessity in such a case, and should contain everything for the purpose, such as saline apparatus, rubber gloves, various hypodermic injections, drugs, and a small cylinder of oxygen. She sketched many complications that might arise in those circumstances, and gave suggestions for dealing with each. In her opinion no patient ought to die from post partum hæmorrhage. Here she said came in the value of correct diagnosis, and a good midwife should be able to recognise an adherent placenta before the loss was excessive.

In a case of concealed hæmorrhage, it was the right course to treat the shock, and no induction of labour was ever warrantable without very grave indications. She said that in delayed labour she had a great faith in the value of position.

Sister Olive spoke most strongly on the subject of purulent discharge and sores of genitals. There should in no case be any vaginal examination, use rubber gloves, leave membranes to rupture themselves, no catheter to be passed, no enema or douche to be given.

She concluded her lecture with a little parody, "To act or not to act, that is the question.

Whether 'tis wiser patiently to wait the summoned help,

Or do the best we know of and by our wisdom
End the case."

If only districts could be all provided with a Sister Olive very little help would need to be summoned.

FOURTH DAY.

On Thursday, May 29th we started the day with a clinic on out-patients, including a five months' pregnancy, two albuminurias, and several primigravidæ; this was only open to non-York-Roaders. They saw the system of taking notes of pregnancy, and made abdominal examinations. They then made a round of the labour-wards, and gathered many good hints. The clinic on the

Baby, conducted by Sister French, was followed by forty nurses; the ward routine was first explained in detail, and the nurses were shown the method of keeping the baby's chart. A very delicate baby, delivered by Cæsarian section, who has been in the Hospital for four months, and is now doing splendidly, illustrated many valuable points in the treatment and dieting of special cases. Sister demonstrated the methods of irrigating the colon, and giving a stomach a wash-out; the temporary value of Nestlé's milk was well shown in this case—no other food was so well tolerated, the vomiting practically ceased when the condensed milk was used; gradually the stomach was trained to digest modified cow's milk; abdominal massage proved of value in dealing with the tendency to constipation, and latterly the boy has made rapid strides, being on the roof practically the whole of the day. The home conditions were such that it would have been fatal to have discharged him earlier from the hospital. In the next ward, the York Road incubator, heated by electricity, was demonstrated, and all the various paraphernalia used for premature babies were on show. In one corner a light bath was rigged up, a tent is made in similar fashion to that used for a hot-air bath, an electric lamp is suspended in it, also a thermometer which registers the temperature; these improvised incubators are easy to regulate; and the baby's head is outside the arrangement, so that he gets purer air than can be secured in an ordinary incubator; he can also be fed without any change of temperature. In the last ward, a baby was changed and put to the breast, according to the York Road method.

In the afternoon there were two events—a visit to St. Thomas' Hospital, and a clinic at the Infants' Consultations in Welbeck Street. Dr. Fairbairn kindly conducted the St. Thomas' party round the wards, the theatres, the Museum, and "Light" department. Special interest, of course centred in beautiful "Mary" Ward, with its splendid equipment.

At the Marylebone Dispensary, Welbeck Street, we were received by Dr. Eric Pritchard; we could have wished that the whole of the members of Post-graduate Week had been with us, for the clinic was most instructive and illuminating; the work done there is full of scientific enthusiasm for the infant; and as midwives, we picked up innumerable hints from the masterly way Dr. Pritchard elicited information from the mothers, and examined the babes. We duly tasted the Marylebone cream—a cheap and efficient substitute for cream, the dried milk and whey, and the separated milk powder. All the preparations were attractive in appearance and palatable, and have a yet greater recommendation for workers among the poor—they are cheaper than cow's milk. Their lack of anti-scorbutic properties is compensated by giving a little fruit juice once or twice daily. The only treatment allowed for constipation is massage and petroleum emulsion, half a drachm three times a day; if the baby

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