

while they are sitting waiting to see the lady almoner they tell horrible stories about what happens in the "O.P." room where the doctor sees them, and each unwilling to be outdone by another, piles it on a little more until they really begin to believe that they will be murdered. One patient, after being examined, went to complain to a hospital subscriber, showing her the bruises where she had been knocked about. The lady was naturally mystified and alarmed, until she understood that the bruises were only chalk marks that sister had put to shew a new pupil the positions of the pelvic bones."

(To be concluded.)

GENERAL LYING-IN HOSPITAL, YORK ROAD, S.E.

POST GRADUATE WEEK.

The Post Graduate week of the York Road Lying-in Hospital began on May 18th. The opening ceremony of tea in the garden was favoured with beautiful weather, and the guests were warmly welcomed. Midwives past and present spent a pleasant hour discussing the good things provided, and renewing friendships.

In point of numbers it was quite a record, as seventy names had been sent in. Indeed, there was nothing lacking to ensure a splendid send off to the week. After tea visitors were invited to inspect the wards, which were very bright and cheery. The babies came in for a well deserved share of admiration. All sorts and conditions of babies were on view, fat babies, thin babies, dark babies, fair babies, pretty babies, and no ugly ones. One little duck of a boy aged three days had his abundant dark hair parted at the side. Fancy a three days' baby with a parting!

A new feature of the hospital is the milk kitchen, where the hand-fed infants' bottles are prepared; minute instructions are hung on the wall for the guidance of the midwife in the preparation.

Then followed a lecture by Dr. Fairbairn on operations and how the midwife should prepare for them. Washing out the uterus, stitching up the perinæum, application of forceps, craniotomy, and decapitation were some of the subjects dealt with; also the administration of anaesthetics by a midwife, should occasion arise.

He laid great stress on the "little attentions" that were so important a factor in the recovery of a patient suffering from septic trouble. A change of garments, a complete wash after a rigor and subsequent sweating might produce a sleep that was all important to the patient. Again the choice of the right moment for food would probably lead to its being received with enjoyment instead of rejection. Comfort, he said, was a great element in recovery.

The application of forceps was dealt with at some length, and Dr. Fairbairn said that the high

forceps had been largely abandoned in hospital practice. The real indication for low forceps was not to pull the head through a contracted pelvis, but to assist when the natural powers were insufficient and the patient showed signs of exhaustion. He considered that over-stretching of the parts from protracted labour should be avoided by carefully lifting out the head with low forceps.

When, however, the head was high up the application of forceps required very careful consideration indeed. Dr. Fairbairn pointed out that the Central Midwives Board had never attempted to say when, in protracted labour, assistance is required. The midwife has largely to depend on her own judgment.

The longer labour lasted the more risk of putrefactive changes, should the application of forceps become necessary.

Speaking of induction in contracted pelvis, he said it was now done more in private than in hospital practice. In the latter case it had been found that the difficulty in rearing the child was so great as to make it scarcely worth while. If performed before the eighth month the chances that it would live were very small. Where there was a chance of a living child he preferred to do Caesarian section, but in private practice this, of course, was not practicable. After some observations on the relative importance of temperature and pulse the lecture concluded.

Those who were fortunate enough to be able to be present at 9 a.m. on Tuesday in the out-patient department had the benefit of seeing the method of examination and diagnosis.

At 11 a.m. the clinic was given in the wards. The class being large it was divided into two for this purpose. A case of eclampsia was shown. Though the patient had only one fit, the diagnosis was determined by the large amount of albumen in the urine. The woman was at once delivered by forceps and is making a good recovery although albumen still persists to some extent.

Another case calling for observation was one of ante-partum hæmorrhage, probably concealed. The fallacy of relying on pallor and collapse for diagnosis in these cases was shown, collapse more often following delivery than preceding it. From this point of view the midwife should pay particular attention to the provision of the usual restoratives in such cases, in case of need.

A case showing an irregular temperature called for some very useful instruction on septicæmia (it was not connected with the woman in question). The points of difference between this condition and that of pyæmia was laid stress on.

In the afternoon the party divided into three, and visited respectively Queen Charlotte's Hospital, the Salvation Army Hospital, and the East End Mothers' Home. At the last mentioned the party were most kindly welcomed, escorted through every part of the hospital, and allowed to inspect and admire to their heart's content. They were all of one opinion about the dainty woollen quilts

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