

# The Midwife.

## THE CENTRAL MIDWIVES' BOARD.

At the June Examination of the Central Midwives' Board the candidates examined numbered 683-542 of whom passed the examiners. The percentage of failures was 20.6.

## DISTRICT NURSING IN JUNGLE VILLAGES.\*

[ABRIDGED.]

BY MISS CAMPBELL.

(Read at the last Conference of the T.N.A.I.)

Before I proceed with my subject, may I crave your kind indulgence if some of what I say sounds heretical! Please remember that I am speaking, not from the standpoint of the Nursing Superintendent of a large Training School for Nurses, but from the point of view of one who is out to teach the people and train them to make the best of the means at their disposal. Therefore my hospital is wanting in much that many of you would say was essential to good nursing. I used to say the same myself at one time!

My little hospital of 16 beds is situated in the village of Mandegadde, 17 miles from the town of Shimoga. It is surrounded by scattered hamlets, ranging from one to ten miles apart. The rainfall is very heavy and many of the further villages are completely cut off during several months of the year. It is sufficiently in the jungle to allow of tigers coming within 20 yards of our back verandah, and every year we include among our out-patients cattle that have been mauled by a Stripes.

At first we had to be content with out-patient work, gradually getting the people accustomed to the idea of taking medicines, even during pregnancies. One of my first cases was a woman who had had seven or eight children and not one was living. She was pregnant when she came to me and was suffering from malaria and anaemia. We treated her accordingly. She had a normal delivery and the child is now twelve years old. This success gave others courage and they were much more willing to take prenatal treatment.

But it took some time to persuade them to let us help them at the time of delivery. Their great fear was that our methods would not be adequate to protect them against chill during the wet weather when they have to stand for hours in the paddy fields up to the knees in water planting out the young rice. They pin their faith to heat external and internal, but they do not attempt to explain how the stores of heat are kept in the body, say, for six months until the next rains are due.

When I first went amongst these people their women were always confined in an outhouse, preferably a cow-shed. I have a vivid recollection of a placenta previa case that I had to conduct in a lumber shed with cocks and hens and cats running about overhead scattering dust and dirt all over the lotion bowls and over the patient. Of course she should have got septic but she didn't! She did not even get a rise of temperature!

Another recollection is of a cow-shed, about 6 p.m., when the cows had come home! We had to confine the patient lying there amongst all the refuse of such a place as that. The only temporary improvement we could make was to rapidly dig a trench just to direct the liquid refuse away from the patient instead of towards her. The fact that I did the digging myself instead of waiting for a man greatly impressed the relatives. She also made an uninterrupted recovery!

I do not wish to recommend a cow-shed as an ideal labour and lying-in ward, and I am glad to be able to say that it is no longer so fashionable to have one's babies born in the immediate vicinity of the cows, but at the same time I have come to realise that if Nature is not interfered with and is given a chance of cleanliness she will do very well indeed. Sterilised bed-pans, sheets, diapers will never be available for the majority of the millions of mothers of India or any other country, and we who have to work in the villages are more than thankful to find that Nature will do so much for us in return for such little help as we can give her. It would be quite impossible to leave sterilised diapers with each of our cases as I understand is done in the town, but the people have their own arrangements and they prove quite adequate. I must say I shrink when I see some of the coloured cloths the women produce for use during the lying-in period, but others will not use cloths at all. Their's is a much better plan. Those of you who know the areca palm will know that there is a tough fibrous sheath at the junction of the flower stalk and the trunk. The sheath serves many purposes. Three or four are washed and kept near the fire and when the case is over one is slipped under the patient to receive the lochial discharges. When soiled, it is removed, washed and dried over the fire, so, to some extent, sterilising it.

These same sheaths when soaked and folded in a certain way form troughs, which I have used again and again as bed-pans and douche pans. Small stools—very low ones—are available in all houses, and the patient's buttocks can be raised as high as necessary on two or three of these and the trough slipped into position. On more than one occasion this sheath has been used for washing the baby. But I do not encourage my friends to wash their babies in English fashion. The tiny baby laid on its back on its mother's outstretched legs with the little wobbly head supported by her upturned feet is in a very safe position.

But I think there is little doubt that the dietary and the customs followed immediately after the birth of the child are chiefly responsible for the debility and inability to feed the baby properly. As soon as the child is born the mother is most strictly dieted. Of course during labour she is not allowed any fluid nourishment at all.

With regard to adaptability I will close with a story of one of my nurses. She was on her way home for a holiday during her probationer days when she was met by some men who begged her to come with them to a woman who had been in labour three days. The child was not born and the pains had gone off. Nurse, of course, had nothing with her for the conduct of a maternity case, but off she went to do her best. When she got to the house she sent one man off for soap, another was told to prepare some coffee, hot and strong, while yet another had to boil lots of water. Meanwhile nurse got a large brass lotah and cleaned it well outside and in. Then scrubbing her hands as well as she could with the soap and cleansing the woman's external parts, she had the lotah filled with very hot water and introducing two fingers of one hand into the vagina and distending it she ran the hot water along her fingers thus conducting it inside as from a nozzle. Then she administered the hot strong coffee, with the result that in less than half-an-hour a living boy baby was born!

The Minister of Health, who takes a keen interest in maternal and infant welfare, formerly opened Fairby Grange, the Bermondsey Municipal Convalescent Home for Mothers and Babies, at Fawlkham, Kent, on Saturday last. The house, with nearly 20 acres, is the gift of Dr. A. Salter, formerly M.P. for Bermondsey.

\* From *The Nursing Journal of India*.

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