

The Midwife.

THE DUCHESS OF YORK AT QUEEN CHARLOTTE'S HOSPITAL.

The Duchess of York recently visited the new buildings of Queen Charlotte's Hospital in Goldhawk Road, Hammer-smith. Her Royal Highness, who is president of the council of the National Mother-Saving Campaign in aid of the hospital's rebuilding fund, was received by Princess Marie Louise, and members of the council.

After taking tea, she inspected first the auxiliary hospital which receives the overflow of normal cases from the main hospital in Marylebone, and was then shown the child-bed fever isolation hospital and the adjacent research laboratories, which together form the first unit of its kind in the world.

Before the Duchess arrived the council of the National Mother-Saving Campaign held its fourth annual meeting, Princess Marie Louise presiding, which was able to show a very satisfactory report.

THE CENTRAL MIDWIVES' BOARD.

At the recent Examination of the Central Midwives Board, the number of candidates examined was 813, and the number who passed the examiners 656. The percentage of failures was 19.3.

EXAMINATION PAPER.

The following are the questions set at the Examination held by the Central Midwives Board, February 17th, 1932, from 2-5 p.m. :—

1. Describe the physiology of the organs of excretion.
2. A primigravida 36 weeks pregnant measures 42 in. round the abdomen at the level of the umbilicus. What may be the causes of this undue enlargement?
How would you distinguish between them?
3. What is the average duration of labour in a primipara?
In what circumstances may this be prolonged?
How would you investigate such a case in order to determine whether the delay is dangerous (a) to the mother; (b) to the child; or (c) to both?
4. What are the various methods of arresting hæmorrhage from the genital passages?
Give examples showing how each method acts.
5. A baby weighing four pounds is born alive. How would you treat the baby and what are your duties?
6. What do you mean by "involution of the uterus"?
In what circumstances is this process arrested?
What duties may sub-involution impose upon the midwife?

"JESSIE'S WONNERFUL BAD."

By MISS JEAN EGBERT, R.N.

It was nearly dusk of an afternoon in spring. An old man spattered with mud entered the waiting room of the busy little hospital at St. Anthony, near the north point of Newfoundland. "I wants the doctor, Jessie's wonnerful bad." As the doctor was about to operate, it was decided that I should go with Uncle George. Hastily, I got into woolies, boots and slicker, and armed with some general instructions from the doctor, plus a small kit, I trudged off after Jessie's father.

Spring in the Labrador region is difficult. The harbours are broken out and the snows too melted for dog team travel—yet boats are dangerous because of loose "slob ice and ballycatters." So instead of speeding across the bay on the frozen ice, we walked the several muddy miles around, and on over the muddy, almost pathless hills, coming after dark to the wee village where Jessie lived. Any group of more than two houses is a village. This one being off the dog team route, and not having a good harbour, was particularly isolated and poor, though not more than some six or seven miles from St. Anthony.

The house we entered consisted of one room across the front, with two smaller ones opening off. One of these was the woodshed, and supply room, the other the bedroom. My first job was obvious. Though there were not half a dozen houses to be seen in any direction, the little bedroom and outer room were swarming with interested neighbours, who assured me in firm and loud tones that the patient was dying.

The house was soon cleared of all except the husband and one woman to help, the three bigger children of the family being sent to the neighbours. After a hypodermic, general bathing and simple treatments, the patient's temperature went down several degrees and she slept. The window, which was still frozen shut from winter, we managed to pry up a bit.

Bringing the lantern and the three-day old baby into the kitchen with me, I found the neighbour gone and the husband completely relaxed upon one of the two long, narrow benches, the wife being in the only bed. He was worn out with the confusion and lack of sleep of the last three nights. I threw a quilt over him, stoked the fire, hauled water and set about to prepare for the wee one. After a bath and a good drink of diluted tinned milk—there being nothing else—she was rolled in a huge home-made quilt and deposited at the back of the kitchen table.

After again stoking my fire, hauling wood and seeing my patient, I looked about for a spot to rest a bit. There were no chairs, so following Jim's example, I stretched out on the other bench.

By daylight the patient's temperature was up again. As I could not stay indefinitely and as there seemed to be no one I could trust to give her the necessary care, I told Jim we would have to take her to the hospital.

Now all the people on that coast know Dr. Grenfell and Dr. Curtis, who has been in charge of the St. Anthony Hospital for some fifteen years. So Jim and the other men set to work to launch the boat, no boats had been out yet since fall. And the neighbours and I got Jessie dressed, and set up on a borrowed chair, which the men carried like a stretcher. I followed with the baby done up like a cocoon.

Fortunately, our little home-made craft had an auxiliary engine, as we had a head wind, but the going was hard. The engine had a way of stopping at the crucial moment in the trough of the waves. The sea was full of loose ice and once we were nearly swamped by the waves from a near iceberg, which "fell abroad" with a report like a cannon. It was no easy task to balance the cocoon under one arm where she wouldn't roll overboard or get soaked, at the same time trying to keep Jessie and the lard pail together, for Jessie was violently nauseated. I was indeed glad when we landed at the wharf at St. Anthony.

Before many days Jessie went home carrying her baby. As she had no money to pay for hospital care, she promised to hook a rug in payment.

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