A New Angle on Midwifery

By Sister E. Hartman

A short while ago I took up a post as District Sister. Even in this limited period, it has proved an education, on a new angle of Midwifery but not the sort of education one received at Midwifery Training Centres.

My education started with my first delivery on the district here. I was called out to this case, late one night. I found my patient’s mother there, who promptly “put herself at my disposal,” and informed me importantly, that she had come to “assist”. I wondered what sort of assistance this would be. She proudly added that she had delivered many babies herself—“before you were born, Sister,” she concluded, with a motherly grin. This was the winning point in her favour. I decided to show her what I could do, in spite of my comparative youth.

Between us, we arranged the room for the delivery. I then set out everything, and congratulated myself on the degree of asepsis achieved, under such unsatisfactory conditions. Next moment the old lady put on a dirty apron and a candle on my sterile equipment!

While everything was boiling for the second time, I was fit to give my “helper” a few hints regarding the necessity of asepsis. As a reward she gave me another grin, and told me that it was a new idea, as she had always done her deliveries successfully, without so much unnecessary fuss.

The delivery proved to be a straightforward one, and things went smoothly for a time. The infant was a girl. This puzzled the grandmother. “This is the first time I have seen a baby girl born on her side,—girls always come out on their backs, and boys always on their sides,—I cannot understand this one,” she said, obviously very amazed and deeply puzzled.

There followed a slight postpartum haemorrhage—I was not surprised, as I felt positive that the woman had been bearing down strongly, before my arrival. Finally I decided to give her an ampoule of Neo-Gynogen—fortunately a standing order from the Doctor in charge.

While I was preparing the injection, the old lady offered some more advice: “A piece of Reckitt’s Blue tied in a white cloth, applied to the stomach will stop the bleeding at once,” she said. To this I replied: “You may try it out by all means—but I am giving this injection just the same.”

However, the effect of the injection seemed to satisfy my old helper, as she did not employ her effective method too. I left the house with a sigh of relief, and chuckled to myself most of the way home, while mentally reviewing the night’s procedure.

On another occasion I spoke to an old lady, who professed to be an ex-midwife. Here is some of the advice I received:

“When a child is born apparently lifeless, do not cut the cord. Wait until the placenta is expelled, then immerse the placenta and cord, first in hot, then in cold water, but do not put the child itself into the water. This revives the child almost immediately.”

“If a mother complains of pain over the abdomen, after the birth is complete, dress the child’s cord at once, as those pains will continue until the cord is cut the second time and dressed.”

“When attending a case of prolonged labour, the midwife must
oil her hands well, then reach as far up the vagina as possible, stretch the cervix well, and pull the child out (preferably by the ears if she can get hold of them)."

A short while ago, an old lady stopped me to make some enquiry. Before I could escape, she told me all about her confinements, finally ending up: "Ever since my last child was born thirty years ago, I have been ill periodically. It is a long story," she said, and drew a deep breath—in preparation of launching this tale of woe. I glanced at my watch but she ignored this expressive gesture, and started off just the same:

"A few weeks before the baby was due, I was busy one afternoon gathering eggs. In the far corner of the farmyard under a patch of thick, tall grass was a nest where a hen was hatching twelve eggs. I stuck my head in to see if the hen was sitting on the eggs, when a snake hissed in the nest and hurled itself at me. Fortunately its fangs only caught the brim of my sun bonnet. I was petrified, and for a long time the snake and I stood looking at each other.

"The poor unborn infant gave a terrific kick. That broke the spell! I ran back to the house, yelling like a mad woman. That was the last time my child showed signs of life—it was stillborn (prematurely) the next day, and believe me, it had eyes just like that snake! Ever since that time I have had severe pains all over my body."

"But what happened to the snake?" I asked, interested.

"It escaped," she replied, "I did not go near that nest again, but when the eggs hatched out, twelve chickens and a small snake appeared."

I have now learned that there are existing a good many quaint conceptions of, and a variety of conflicting ideas, regarding Midwifery, to which I have been oblivious so far. These other "schools of thought," however, make me wonder how the population could have increased as successfully as it has.

Reprinted from the South African Nursing Journal.

The General Secretary's Tour to Cawnpore,
Allahabad and Patna

In October Miss Abram visited the Nurses and held T.N.A.I. Meetings.

Cawnpore

A very warm welcome was given here to the T.N.A.I. representative and much interest was evinced in the Association.

A big meeting was held amid great enthusiasm at the Alice Horrison Dufferin Hospital and members of the Nursing Staff from every hospital in Cawnpore attended. It was a great pleasure to meet so many of the Cawnpore Matrons, Sisters and Nurses.

Miss Moncrieff and her Nursing Staff were "At Home" before the meeting and it was a delightful party. Even a heavy downpour of rain failed to dampen the happy spirit prevailing, although it drenched the shawians and tea had to be indoors instead of in the garden.

The meeting followed and it is hoped that many new members will be enrolled. The Dufferin Hospital already has many members and is starting a Student Nurses Association and it is expected and