A MATERNITY HOSPITAL AT THE HOME FRONT

BY

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Now that London air raids are becoming more frequent perhaps a short account of the wartime methods employed at the Mothers' Hospital, Clapton—a maternity hospital of one hundred beds in a thickly populated district of East London—may be of some interest.

This hospital, in a pre-war survey of hospitals by the Ministry of Health, was at first considered too vulnerable to be used in time of war owing to its being built in a series of one-story bungalows, except for the isolation and administrative blocks. Eventually, however, consent was obtained to continue using it provided an air-raid shelter capable of accommodating all the patients and staff was built in the grounds. This was done, and the shelter was equipped with running water, electric lighting and heating, facilities for preparing babies' feeds, tea for patients, etc. It was connected with the colonnade, along which the blocks are built, by white asphalt paths which show up fairly well at night. It was not ready for use until the end of October. For the first three months of the war, until the E.M.S. abandoned maternity hospitals, the hospital came under this scheme, and a member of the consultant staff (the writer) was allocated to reside there with the three resident medical officers, the other obstetric surgeons being appointed to full-time work in the E.M.S. elsewhere.

An attempt to reduce the number of patients until the shelter was ready proved only partially successful owing to the return of many expectant mothers from reception areas and the closing of certain other maternity hospitals; also because it seemed desirable to begin admitting a few gynaecological cases (which has been continued) owing to the pressure on beds elsewhere.

It was felt that the patients would feel happier and less nervous if they were not completely bedridden but knew they could get up and be independent in case of emergency, and we therefore decided from the beginning to allow them to get out of bed for a few minutes the day the baby was born and thereafter to do a little more each day. Abdominal operation cases, including Caesarean section, were allowed up on the fifth day, and I have no doubt this played an important part in creating the care-free and happy atmosphere which prevailed. The other results of the treatment were very interesting. There was less morbidity, better involution, and considerably less venous thrombosis (though the latter was probably partly accounted for by the increased use of elastoplast strapping both in the wards and in the ante-natal department). The patients seemed far better and stronger on their discharge—an important consideration in these times of stress—and the ward sisters, who always tend to be conservative in their outlook, were enthusiastic about the good results. When, therefore, the shelter was completed we had no hesitation in arranging to allow most of the patients to walk to it in case of a raid, when the baby was a day or two old. Any patient unfit to walk was notified as a potential chair or stretcher case, and every night a list was prepared giving the number of such cases in each block. A typical total for the whole hospital would be three stretcher and eight chair cases. Stretcher cases were nursed with a canvas stretcher under the bottom sheet, and one could tell at a glance on entering a ward the number of such cases by counting the stretcher poles. Each patient had her gas-mask, coat, shoes, and a spare blanket always at hand, and her baby beside her, to ensure the minimum delay in leaving the ward. Practice warnings were occasionally given, and it took about seven minutes to get everyone into the shelter. When, after three months, the other members of the consulting staff (now only on part-time service with the E.M.S.) were able to return, it was agreed that the

methods already in practice should be continued except for individual variations in the time the abdominal cases were kept in bed.

With the increased frequency and severity of the raids we have had to vary our routine still further so far as the nights are concerned, and now all patients, except those whose delivery is anticipated within two hours, are taken each night to the shelter, if possible before the sirens sound the night alarm. As many as there is room for, including all the most recently confined, lie side by side on mattresses, while the others unfortunately have to sit up, supported with pillows, their babies on a shelf above their heads. Labour cases are dealt with, whether by night or day, in a reinforced labour ward in one of the blocks, and so far no ill effects have followed the wheeling of patients between it and the shelter during raids. Emergency equipment for confinements is available in the shelter, but has not so far been used.

The problem of shelter accommodation during long night raids is a serious one, and is receiving urgent consideration, for, in addition to the patients, sleeping accommodation has to be arranged for the staff. These, too, lie on mattresses on the ground, but much more closely packed than would be safe for the patients, and head to foot. It is, however, surprising how much better one can sleep in such conditions than might have been imagined before the war. It is natural that patients and staff alike should now be feeling the strain, but we have had very few complaints. The patients say how safe they feel, and many would like to be admitted before labour starts. The only complaint I have had to deal with came from a husband whose wife was in the hospital when there were anything up to seven raids in a day. He resented her being allowed to do so much for herself, but, despite his criticisms, she was discharged quite well on the ninth day, and her baby, which weighed over 8½ lb. at birth and was entirely breast-fed, had regained its birth weight by that time.

By the desire of the board of management I have continued to sleep at the hospital, and can thus say from personal experience how smoothly the scheme works, how well the patients stand it, and how striking has been the absence of any confusion or panic. Speed has proved an important factor, for more than once the first warning has been the dropping of bombs. One has then wondered what might have happened had the majority of the patients been dependent on being wheeled on chairs or stretchers, and also where these could have been placed in the already overcrowded shelter.

We have not forgotten that the early adoption of the erect position is said to increase the tendency to prolapse (though in our cases it is too soon to express an opinion), or that neurasthenia may follow too short a rest in bed after operation or confinement; but these risks we have felt justified in taking to avoid more serious ones.

The annual report of the Scottish Mental Hospitals Pathological Scheme, which is operated from Edinburgh Royal Infirmary, describes a large amount of useful work, notwithstanding the inevitable disturbances made by the war in the facilities for research. The continued investigation into the obscure polio-encephalitis first described by Wernicke is mentioned; it is believed that this may turn out to be of first practical importance to mental hospitals. The chief work of the year has been the study of the cerebral vessels and circulation from their histological and experimental aspects. The vascular pattern of cerebral tumours has also been studied. Under the auspices of the scheme material from 215 cases, including 195 brains, principally from the Royal Edinburgh Mental Hospital and Murray Royal, Perth, has been examined histologically. A course of lectures and demonstrations in neuropathology was arranged and two laboratory meetings for staffs of the contributing hospitals were held during the year. Dr. William Blackwood has succeeded Dr. A. C. P. Campbell as pathologist to the scheme.