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CARDIFF ROYAL INFIRMARY NURSES' LEAGUE JOURNAL

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To Valerie & Jerry
with compliments
and good wishes
from Edith 1964.

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There are two grades of nurses in Malta i.e. State Registered Nurses and Hospital attendants. The latter have a limited amount of training but have to pass an examination on elementary nursing. The training of S.R.N.'s entails a three-year course at the St. Luke's Hospital School for Nurses. The course is run on the same lines as in the United Kingdom and lectures are given by the Sister Tutors and the senior doctors of the hospital, while practical experience is gained on the wards. The number of students entering the school each year has always been small, my year (January 1961) being the largest ever with twenty students! Of these, sixteen followed faithfully to the end. We were required to live in and bedrooms were shared in groups of twos, threes or fours. The beginning, as always, was difficult, but once we settled down it turned out to be, above all, a wonderful experience and good fun! Now, to cater, for the ever-increasing number of students starting the course, a large, new, non-residential school has just been built within the hospital grounds and it is to be opened later this year.

Most of the Ward-Sisters are nuns (Sisters of Charity), but some departments like the Blood Transfusion Centre and the Diabetic Clinic are run by State Registered Nurses. A nurse's work at St. Luke's hospital is as varied and interesting as in any other busy general hospital. An S.R.N. works for five or six days a week, averaging nine hours each day and her salary ranges from 30 to 50 pounds a month.

The most prevalent disease in Malta is diabetes mellitus, and a vast campaign to study and control the disease in general has been started recently. Undoubtedly, however, the busiest departments in the hospital are the Maternity wards (Maltese families are quite large and many of the mothers are diabetic) and the Surgical Wards.

In Malta, there are as yet no facilities for post-graduate nursing studies. The S.R.N. degree is however recognised by the General Nursing Council for England and Wales and therefore qualified nurses can follow up post-graduate work in the United Kingdom.

Valerie

By Mrs Edith Harries.

BERMEL. On August 5th, 1964, in Wellington, New Zealand, to Valerie and Gerry, a son.

What's so strange about that? one might ask. Just an announcement of a birth in a newspaper—thousands happen every day! But there is something outstanding about this event.

The story began 29 years ago on the 17th of January, 1935, a Thursday morning, at Cardiff Royal Infirmary. It was the Surgical Unit intake day, and their operation morning. Suddenly the telephone rang on Llanbradach Ward. The Surgical Unit Houseman asked to speak to Sister. "Would you take in a baby just half-an-hour old. She has a complete exomphalos and is going straight from Casualty to Theatre. Professor Rogers is going to operate."

"What is a complete exom - - whatever you said? And why have we to take a baby—you know the women patients will object" etc. etc.

The usual arguments ensued. "Well—the children's ward has measles infection. Thompson's small ward has a Caesarean patient and we cannot send her to Glossop because of the likelihood of infection there, so there's no where else we can put her."

"Oh well. I suppose we'll have to take her." I submitted. So the wheels were set in motion. A crib was borrowed from Thompson and placed in William James Thomas Ward, screened off in the corner near the radiator. The Houseman dashed up to see if all was in readiness and briefly explained that a "complete exomphalos" was a malformation—in this case the abdominal organs were enclosed in a mesenteric sac and placed externally to the abdominal wall. Up to that time no successful case had ever been recorded as they were extremely rare.

Just as lunches were being served, Sister Alys Williams appeared at the kitchen door with a bundle in her arm "Where do you want to put her Thomas?" she asked. "I'm afraid she won't live long."

My first question was "Has she been christened"?

"Not as far as I know—I'll leave that to you," and off she went back to her own domain.

I was just on the point of telephoning to Canon Rees who was then Chaplain to the Infirmary when a lady in nurse's uniform came up to me. "How is the Travis baby? Sister," she asked.

"Oh," I answered. "Did you bring her in?"

"Yes," she replied. "I delivered her, with Dr. England. When he saw her condition, he asked me to bring her to the Infirmary because he thought the boys would be interested." (Dr. England had two sons who were medical students in Cardiff at that time).

I took the nurse in to see the baby—a rosy face and a mop of black hair was all that was visible, but she was breathing quietly.

"Do you happen to know what denomination her parents are?" I asked. "I was just going to summon the Chaplain to christen her."

"Oh—her people are Jewish," the midwife answered.

"What happens to Jewish babies?" I queried.

"Her father is downstairs in Casualty. I'll send him up to give you all particulars" she replied as she left the ward.

Presently, rather timidly a man tiptoed towards me in the Corridor. "I'm Mr Travis—the father of the baby—how is she? can I see her?—will she be alright?" The questions just flowed out. He was anxious to get back to his wife whom he had left in order to drive the nurse and baby to hospital. He was asked to give all particulars and what happened to Jewish baby girls. Was there a naming ceremony similar to christening? He did not know but he would ask his wife and would return to let us know—also they would choose the name for the baby.

During the afternoon I worried in case the baby should die without being "christened," so I telephoned a few of the people I knew connected with the Jewish community and no one could give me any satisfactory information. Then eventually I learned from the secretary of the Synagogue that there was no ceremony at that stage for girls. "Had the child been a male then circumcision would have to be carried out." After that I felt relieved.

I had been instructed to give the baby one ounce of sterile water with glucose at 5.0 p.m. This had to be administered with a pipette. I carried out the instructions and afterwards the baby gently turned her head on one side and vomited it as neatly as any adult. Then she went back to sleep again. In two hours the sterile water drink was repeated, and to our joy she did not vomit this time.

Mr Travis returned that evening and was delighted to hear that the baby was still alive. His wife was so anxious and worried—she had not even seen her baby. They had decided that her name should be Valerie Beverly.

Next morning, before breakfast, I hurried to the ward to enquire if Valerie was still with us, and found that she had had a good night and had not vomited the sterile water drinks given at 2 hourly intervals.

Just before nine a.m. Professor Rogers walked along the corridor and paused outside the doors of W.J.T. Ward. "Sister, What happened to the baby who was admitted yesterday?"

"She is here, Sir," I answered following him to the corner of the ward. The Professor beamed with pleasure and went into details explaining the whole operation to me. He outlined her treatment expressing the wish that Professor A. G. Watkins should see her to prescribe her feeds. She was seen by him that morning and put on "Half-cream Cow and Gate" feeds, and took every feed without any vomiting. There was great excitement over her first soiled nappy—all her organs were functioning normally.

She created such a stir. She was such a darling, and cried very little. At first the women patients grumbled at the thought of having a crying baby in the ward, but after a day or two all confessed they hardly knew she was there. The nurses adored her and all clamoured to do any service on her behalf.

Professor Sheen, on round morning, remarked much to the amusement of all the students "Mr Rogers—this is *your* baby, isn't it?" "Well, up to a point," Professor Rogers smilingly replied.

On the tenth day Valerie's mother came to see her. Her husband had been each day to see his daughter and had tried to describe the baby to her mother. But the joy in her eyes when she actually saw her for herself surpassed all. She sat in a chair and held Valerie in her arms for a few minutes hardly believing that it was not a dream.

The baby began to put on weight, feeds were being taken well, bowel actions normal and the wound healing well so on the twelfth day she was discharged home. Her proud parents were delighted and all the staff sad and sorry to part with Valerie.

As time went on Valerie was brought at regular intervals to see Professor Rogers so a close link was kept with the family. Then in 1938 they decided to emigrate to New Zealand. Professor had a colleague in Wellington, where they were going to live, so he gave Mr and Mrs Travis a letter of introduction, explaining her case.

I kept in touch with the family until the outbreak of war then our letters were lost and I had no news for several years.

One evening at a College of Nursing meeting after the war, I was chatting to Professor Rogers. "Oh, by the way, Sister," he said, "When I was posted to the Pacific Command I had a chance to visit Wellington, N.Z., and I saw my colleague who was looking after Valerie. He arranged for me to see her."

I was delighted to hear all about her, and asked Professor if he could get me Mr and Mrs Travis' address. A few weeks later he forwarded it to me and I wrote to them straight away. They gave me all the news of Valerie and how she had grown from strength to strength with no ill effects from her former trouble.

Later Valerie wrote to me herself telling me of her activities. She was then in a school for commercial students. She had done well in all her school examinations. She danced, she swam, she skated, played tennis and took an interest in dramatic art—in fact she led a pretty active life for an average teenager even by today's standards.

Then came her 21st birthday and her engagement to Gerry.

Just before her marriage she complained of pain in her right side. Her G.P. diagnosed, "Appendicitis—better have it out before you get married."

After the operation, a puzzled doctor chatted to her parents. The appendix was not in the right iliac fossa but was tucked away high in the abdomen shrivelled and hardly likely ever to cause any trouble—her uterus was high up on the right side and her liver lower down in the abdominal cavity. The Dr. advised that her fiancé be told that it was not likely that Valerie would ever have children.

Valerie wrote to tell me all that had happened and I chanced to meet Professor Rogers at a Prize-giving Ceremony I gave him her letter to read and he said "There's no reason why she should not have children." And later he wrote her a reassuring letter.

Valerie was married and in 1961 came to England on a vacation with her husband. She paid me a visit and I was thrilled to see what a lovely girl she was—just as pretty and sweet as when I first saw her.

She also visited Professor Rogers and had the pleasure of meeting his wife and daughter. She told me that although she was not "christened" she had always regarded Professor Rogers and me as her god-parents.

Valerie returned to N.Z. and at the beginning of this year wrote to say she was expecting a baby. I was delighted yet fearful. She had been told that she might have to have a Caesarean section but she did not mind that. She was looking forward to the experience with all the hope and joy every expectant mother should.

Today, I had a letter from the Maternity Ward, Wellington, dated 6.8.64 saying, "Yesterday at 11.54 a.m. I had a baby son—7lbs. 4 ozs. I had a fairly good pregnancy—was in labour 14 hours and was conscious all the times. I saw my baby the second after he was born."

Nothing unusual about a birth did you say? There was about this one!!

Valerie remarked in her letter to me, "What a great shame Professor Rogers never knew the end result of his wonderful job on me."

This brought to my mind those words of Albert Schweitzer:

"No ray of sunshine is ever lost, but the green which it awakens into existence needs time to sprout, and it is not always granted to the sower, to see the harvest. All work that is worth anything is done in faith."

The following is an extract printed by kind permission of The Surgical Unit, Cardiff Royal Infirmary.

Exophalos.

Radical cure in an infant. Twenty minutes old.

By Lambert Rogers, Cardiff.

Professor of Surgery, University of Wales.

During the forenoon of January 17th, 1935, a midwife bearing in her arms a newly-born child was announced at the entrance to the Theatre where I was carrying out a morning's list of operations. She had been sent up from the Casualty Department as the baby born within the past half hour was found to have a complete exomphalos. The child was full term and inspection showed a well developed girl baby whose abdominal viscera were lying on the abdominal wall covered only by a transparent, Whartonian jelly-like membrane. The enormous size of the liver which lay entirely outside the abdomen along with the whole of the small and the greater part of the large intestine, was of a striking feature.