

FORUM **Innocence** revisited – 12

Our series ends for this year with a seasonal glimpse at obstetrics and gynaecology...

Rhapsody in red (and other colours)

The achievement of motherhood, its anticipation and the necessary preliminaries – each experience has considerable associated emotion. Only the most fortunate will enjoy a three-fold congruence of bliss; sometimes there can be a little too much...

In those days, when it happened that labour was sluggish and protracted, there were institutions in which a mixture containing potassium bromide and chloral hydrate was dispensed with more generosity than discretion. Mostly it didn't matter much – the patients merely tottered about mildly inebriated – but occasionally all the circumstances present could combine to produce a significant state of confusion. This, too, would usually subside promptly enough when the intoxicants were withdrawn, but things did not always follow this fortunate course.

I well remember a woman describing to me, with total conviction, a charming ceremony that occurred each evening. As she lay abed, watching the shadows lengthen and merge, the door of her room would open silently to admit the first few of her procession of visitors. They were Chinese men, each as big as her thumb, all most gorgeously caparisoned in brilliant traditional silk robes of scarlet, gold, emerald and a thousand other colours. At first, two or three would peer around the door, but, once they were satisfied that the coast was clear, scores of others would come jostling in. Some bore aloft lanterns or intricately decorated canopies on poles; others clashed cymbals and played strange instruments beyond her experience.

Reaching the side of her bed, they would rapidly construct a most miraculous engine from bamboo and cord, by means of which they would ascend effortlessly and gracefully to her coverlet. Arrived there, they would dispose themselves in a ragged semicircle about her, and then proceed to entertain her with music, chanting, graceful dances and conjuring until it was quite dark, and the only light came from their exquisite lanterns, causing the splendour of their garments to become subdued and lustrous. When it came to the end, their leader would step forward, his hands buried in his sleeves, and bow deeply to her; then the others would bow with equal dignity, and they would retreat softly in the same careful way that they had arrived, last man out closing the door.

She was so entranced by the performance, and so grateful to those who had arranged it for her, that my few words about her raised serum bromide received little attention. Nevertheless, the small changes I made to her medication and her nutrition soon removed all the colour and magic from her life, and her visitors abandoned her room for their own alien territories.



BARRY OLIVE

Whose baby is this, anyway?

Sometimes there is not mere imperfection, but catastrophe.

Come back with me, once again, to the old night casualty at Sydney's Royal North Shore Hospital some decades ago, and wait with us for something to happen – preferably to someone else. Such periods of expectation were touched with ambivalence, for continuing tedium might be preferable to whatever arrived:

The car came fast, and then stopped outside the door, with the engine still running. Above the general hubbub we could hear a female voice declaiming, shrill and clear. On inspection there was to be observed a Ford Zephyr – Mark II, if my memory is correct. All the doors were open, and there was much animated conversation, with to-ing and fro-ing. The occupants of the front seat have departed from my mind, but those of the back seat remain.

There we found the declaiming one, naked from the waist down. Between her legs lay a newborn child, vigorously alive. The placenta had not yet delivered, so the connection between mother and child was unarguable. She looked wildly at us, read our minds, and began to shriek even more loudly, 'It's not mine, I tell you – *It's not mine, not mine, not mine, not mine!*'

It did not seem a time for logical exposition; it was easier to deposit them both in Obstetrics and let the savants there work it out. We went back to waiting, and the Zephyr went off, too, more thoughtfully this time.

Compiled by John Ellard AM, RFD, FRACP, FRANZCP, FRCPsych, MAPS

Conduct unbecoming

Even paediatric gynaecology can have its moments. The particular night I learned this actuality is engraved upon my mind.

I was the junior in casualty, and the registrar was a gentleman who became a plastic surgeon of great eminence. He was entertaining himself by dressing a carbuncle I had on my thigh. While doing so, he was kind enough to demonstrate the effect achieved by soaking up a lot of ether in a large amount of cotton wool and then wringing it out on someone else's private parts. It is, in fact, electrifying; those inclined to doubt should wait for the next dull afternoon and try it out on themselves first, lest friendship be strained. No sooner had I adjusted my clothes and dried my tears than we acquired our first patient of the night – a small girl with a laceration of the vulva. While we were examining the injured region, her mother told us that she thought the boy next door had done the deed, with a stick.

'Ho', we said, 'and why should he be doing that, with a stick?'

Her answer came in a tone that left no room for doubt or bewilderment. 'They were playing doctors', she said.

God only knows what she thought doctors, male and female, do to each other's genitals, with sticks, when no one else is watching. I couldn't bring myself to ask her; the possible answers have provided me with hours of thought ever since.

The way to have a baby

In the end, the most important thing to remember about obstetrics is that women have been having babies for much longer than they have been having obstetricians.

Dr Burleigh Jack had forgotten, and was reminded:

It was her 13th baby; she was five feet, weighed about 12 stone in the nonpregnant state, and she had a longstanding hip deformity with tilting of the pelvis, and a scoliosis.

She confided, while shivers ran up and down my spine, that she 'always 'ad 'em 'ard'. The heroics were to take place in a small maternity unit in a two-man country town.

Despite much noise and advice to the sister and me, she was making slow progress when I remembered the manoeuvre of putting the sacrum on the end of the bed and supporting the overhanging legs on stools which we removed during a contraction. She was dumbfounded.

'That ain't no way to 'ave a baby', and she shuffled back up the bed, wrestled with, and bent, the rails behind her head, and had the baby in the next few contractions.

'There', she said, and it was – almost as wet behind the ears as I was.

MT

Next year, we bring you new tales of innocence revisited.