Malawi Night Duty in 1963

Alison Cameron

Alison Cameron S.R.N, S.C.M.

It was a warm night as I relaxed in the sitting room, my three children asleep under their mosquito nets, my husband Colin was reading, and we were both hoping for a quiet evening together. For over a year I had been helping in the African Hospital in Zomba. There are two hospitals in Zomba, what was then the European Hospital now called the fee-paying hospital and an African Hospital which is open to all. There is always a trained midwife on duty and a Doctor on call in the fee-paying hospital, but at the African Hospital we had only one African girl who had done two years training in nursing and midwifery. Some of these girls later took further training, but most were doing their very best with what training they had. A Sister, a State Registered Nurse and State Certified Midwife was on call so that the doctor was not always called out. The European Hospital had two or three doctors taking turns in being on-call, but the African Hospital had one doctor who had to do everything. These conditions have now changed a lot, but still the lack of trained staff is acute. I only worked in the mornings and did one or two nights a week on-call, as this was all I could manage with three small children.

On the night I wish to write about I was hoping for no calls as it had been a very hot day and I had been exceptionally busy all day. After my bath I had just settled into bed when the telephone rang. I knew it would be the hospital, it always was at this time of night. The nurse told me she had two women in labour and a woman bleeding badly but having no labour pains and so could I possibly come and help her? I quickly dressed in my white uniform and cap etc. and drove the few miles to the hospital. The Night Medical Aid was busy in the out-patients department where two or three patients were waiting. The telephone operator greeted me saying he had had a telephone call just after the nurse had 'phoned me from one of the bush clinics to say the Medical Aid was sending in a woman who was very ill in labour. The Medical Aids were often as good as doctors, some were not, but most were excellent. They did all they could for all ailments especially Malaria which caused such a high mortality rate in children under the age of two years.

As I arrived at the labour ward Nurse Olive was just delivering one of the cases and as the baby was crying lustily, I left her to it. The second labour case was on the floor – we only had two delivery beds so many babies were delivered on the floor and many of the general wards had two or three patients in one bed as well as some on the floor. This woman was resting well and looked alright, but the patient on the second labour bed was pale under her dark skin, her pulse was rapid and weak, and her short curly hair had drops of perspiration all around the edge. She smiled as I went to her and just to see me gave her new hope. Most African women are very brave in child bearing, they know most of the bad signs in labour and what they mean. They know much more than any white woman who has no training. I examined Mrs. X and was not happy at all at what I found. Her labour was progressing, but she was bleeding, and the baby's heart was weak. I gave her a sedative and went to telephone the doctor who had been on duty all day. When he answered the telephone, I explained all that had happened. We both knew that the only way to save the mother and child was by Caesarean Section, but to call out theatre at 12 midnight meant everyone would be exhausted on duty the following day. Still, it had to be so. He asked me to get the operating theatre ready and to get the tree Medical Aids on call-out on duty as quickly as possible. In the meantime, I was to set up a plasma drip. This is rarely done by a nurse in Britain, but

with the shortage of staff if fell on the sister to do most of the Residents' jobs and the doctor to do the Surgeons' jobs. I asked Nurse Olive to explain to Mrs. X what we would have to do and the reason why we had to do it: my own Chinyanja not being sufficiently advanced. The three Medical Aids were busy getting the theatre ready. I set the drip up and then checked the other women in the post-natal ward being some 23 mothers and babies as well as a few mothers who had lost their babies. All seemed fairly quiet and the theatre would be ready in about 15 minutes. There was just time to go to see the children in the Children's Ward. I had seen two in Out Patients' that morning, both very ill with cerebral malaria. They had been brought in on their mothers' backs, having walked distances of over 20 miles. When I got to the Children's Ward the nurse on duty looked relieved to see me. She explained that one of the babies was much worse and so would I look at her? The little girl of about two years of age had a temperature of 104°F, a running pulse, and was unconscious having just endured a bad convulsion. She had had as much medication as we could give her, but she was not responding. The mother was sponging her down and we had a fan going; but still her temperature remained very high. I asked the nurse to bring me a drip apparatus and fixed up a rectal drip to attempt to get some fluid into the little one. I promised to return after theatre. The other little baby I had seen earlier in the day was sleeping peacefully in his mother's arms.

By the time I arrived at the theatre, Nurse Olive and Betty the maid had brought the patient to the theatre and the cot and oxygen for the baby. The Doctor was scrubbing up and the Medical Aid was giving the anaesthetic. I was not needed to assist as the Medical Aids were excellent at their job, but I had to take the baby when it was born. Nurse Olive and Betty returned to the Maternity Unit to prepare the Labour Ward for the case we were expecting by ambulance. The Caesarean was successful and soon I had a healthy-looking baby boy in my arms. He was a bit small but was well formed and could cry lustily. The mother was not so well as she had lost a lot of blood before the operation. The Doctor completed the procedure as quickly as possible and back to her bed with her drip still in place. Betty the maid sat beside her with instructions to ring the bell if Mrs. X moved at all. Her baby was put in the Nursery in a cot with oxygen. Back in the theatre I got hold of the Doctor who was clearly tired but who agreed to come and have a look at the baby I had seen earlier. As we entered the ward, we could hear the wailing of the mother whose child had died not long after I had left. This was one of the cases which sadly had been brought to us too late. The mother insisted upon carrying her dead child home to her village in the morning. This was the only way she could have her child buried near her village as the cost of transport would have been prohibitive, as the case for most Malawians living in rural areas.

The Doctor decided we should go and talk to the Telephone Operator on night duty as he always knew what was going on in the hospital and when patients had been admitted. The ambulance arrived just as we got to the telephone room just inside the main entrance. A woman, obviously in great pain and very distressed was put on a trolley. In the ambulance along with the expected patient were four more patients who had been awaiting transport to bring them to hospital. One old man was sitting up with a very fat abdomen and looking jaundiced. He was sent to the Medical Ward and would begin investigation and treatment in the morning. A young girl with a large tropical ulcer was sent to Surgical Ward B, known as the 'dirty ward', where septic wounds and burns were treated. She, too, would be treated in the morning. Her grandmother was with her and she went to the 'Ulendo House' where relatives could sleep. No children ever came to the hospital without their mother or grandmother in attendance. All patients had a relative of some kind with them, in fact without the help of these relatives it would have been impossible to keep up-to-date with all the work. They proved very adept at helping in many ways. Often, when blood was needed urgently, it was from the Ulendo House that we obtained it. The third new patient was a case of leprosy coming in for his annual check-up and the fourth was terribly ill child of about two years of age. The Medical Aid took charge while the Doctor and I went to see the patient in the Labour Ward. She had appeared very upset when she had got out of the ambulance. This baby was her tenth pregnancy and all her babies had died; and her husband was going to kill her if this baby did not survive. She had come to the hospital to ensure all went well. Given her history, the Doctor and I were very worried, it was more than likely she would have another still-birth, but how could we tell her that it was before she became pregnant again that she should have come to us for treatment. Then we might have been able to assist, but to arrive when in labour was asking for a miracle.

The Doctor examined her thoroughly and could hear her baby's heart. The baby was certainly still alive, but the mother had a little time to go before she would be ready for delivery. Given her history and the fact we could hear the foetal heart, we had really only one course of action open to us: another Caesarean Section. We explained this to the mother, the grandmother and the father who were all there: the risk that although the child was alive now, we could not guarantee the birth of a live child. It was decided to go ahead. Fortunately, the staff had not gone back to bed and were still busy in the theatre. They soon had everything ready once more. Because of the concern regarding the baby I did a lot of extra preparation and got 'scrubbed up' along with the Doctor so that I could assist more and get the baby sooner. As soon as the uterus was opened, and the baby removed we started working on him. He looked normal and we could feel a faint heartbeat, but he would not take a breath. I worked with sucker and oxygen, also artificial respiration for what seemed like an

eternity, then there was a movement of his ribs, then another, then a lot of spluttering followed by a rather gurgle-like but very welcome cry. The baby had at least a chance of survival now.

The mother had taken the operation well, so I took the baby along to the Nursery. As I came out of the theatre the father and grandmother were sitting at the door, and when they saw and heard the baby they both just looked at me and the look in their eyes was the biggest 'thank you' I have ever had.

It was now 4 a.m. and as dawn came up I went off home to get a few hours' sleep before the start of another hectic day.

Alison Cameron was born in Glasgow in 1933 and was educated at Uddingston Grammar School. Between 1951 and 1955 she trained at the Glasgow Royal Infirmary and qualified as a State Registered Nurse (SRN) followed by a year training at Duke Street Hospital, Glasgow, where she qualified as a State Certified Midwife (SCM). After a year working in private midwifery, she returned to Glasgow Royal Infirmary as a Staff Nurse in Orthopaedic Surgery.

On July 1957, after her marriage to Colin Cameron, they sailed on their honeymoon to Malawi (then Nyasaland), where Colin had obtained a post as a solicitor in a private legal firm in Blantyre. During that tour from 1957 until late 1960, Alison worked as a nurse and midwife both in the then Church of Scotland Mission Hospital in Blantyre and later in the Queen Elizabeth Hospital, Blantyre. Two of their children were born at that time.

Between 1961 until the end of 1964 Alison worked in the same capacities in the hospitals in Zomba and Blantyre while Colin was a Government Minister stationed in both those towns.

Upon their return to Scotland in December 1964, Alison continued working as a nurse as well as bringing up their four children. During that period, and also after Colin was appointed Consul for Malawi in Scotland in 1994, Alison and Colin became guardians to numerous Malawian children whose parents were in exile. On numerous occasions, sometimes together, before 1994, Alison returned to Africa to visit these exiles in Zambia. From 1994, after Colin was appointed Consul for Malawi in Scotland, they were able to return to Malawi almost on an annual basis.

After Colin's retirement they moved to Spain, but after a short time applied to return to Africa as VSOs. This was denied by the VSO on safety grounds and they were posted to the Solomon Islands for two years where Alison resumed nursing and midwifery.

In 1998, Alison represented Scotland's Women's Guild at the 50th anniversary of the establishment of a similar guild in Malawi called *Mvano*. Alison was also appointed Patron of the Mamie Martin Fund, a Scottish charity set up to assist the secondary education of girls in the Northern Region of Malawi. In recognition of her 60 years of dedicated involvement with Malawi, the Scottish Government voted her two instalments of £50,000 to be used exclusively for the benefit of the Mamie Martin Fund. As a result, many girls who are now receiving secondary education in this Scottish-funded initiative are known as 'The Alison Girls'.

Alison has also been a long-term member of the Inner Wheel where she has served as International Convener, President and also as District Chairman. In these capacities, when appropriate, charitable funds have been passed to Malawi.

Alison and Colin now live in retirement in Irvine, Scotland.