

this permission. The applicant was required to produce no evidence of knowledge of her work, but simply a certificate that she had, to the personal knowledge of the person signing it been in *bonâ-fide* practice as a midwife for at least twelve months prior to July 31st, 1902, and that she was trustworthy, sober, and of good moral character. Thus many persons at the present time hold the certificate of the Central Midwives' Board, stating that they are entitled by law to practise midwifery, who have never had any instruction to fit them to do so. It is to be regretted that Parliament did not require all who desired to be enrolled as midwives to give some evidence of training satisfactory to the Board.

The Midwives' Board, the duty of which is to control midwives, and to maintain amongst them the requisite standards of knowledge and practice, have drawn up and issued regulations which must commend themselves, to all who realise the gravity of a midwife's work, as reasonable and proper. Nevertheless, the position of many a *bonâ-fide* midwife who is bound to conform to these regulations is a most untenable one. She is required by the Central Midwives' Board, for instance, to carry an appliance for giving vaginal injections, a catheter, and other things of which she has not the smallest knowledge, and which it would manifestly be dangerous for her to attempt to use. Thus a medical practitioner informed the Central Midwives' Board on a recent occasion, in regard to a midwife who did not carry a syringe or a catheter, that her disobedience to the rules of the Board in this respect was not wilful, that for years he had consistently forbidden her to use either of these appliances. If the Board insisted on her carrying them he would undertake that she did so in future, at the same time he intimated he would see that she did not use them. He stated that this woman did her work to the best of her ability. He had seen the wallet she carried, it was clean, and contained the things she was competent to use—vaseline, permanganate of potash crystals, scissors, clean thread, &c. Obviously it is better that a midwife of this description should not carry instruments which would be dangerous in her hands.

The position, then, of the *bonâ-fide* midwife is this. She is on the Midwives' Roll because Parliament has pronounced her eligible. She is liable at any moment, if reported to the Central Midwives' Board, to be removed from the Roll because of her inability to keep rules framed by the Board, and sanctioned by the Privy Council regulating her practice, or she must carry appliances of which she has no knowledge.

It frequently happens that she cannot read the rules she is required to keep, neither can she keep the records required of her—namely, a register of cases and a record of sending for medical help, if she is unable to write. Yet under the regulations of the Board it is incumbent upon her to keep such records.

It is regrettable that Parliament before sanctioning the admission to the Roll of women who may be useful attendants, but are quite untrained, as midwives did not at least require them to produce evidence that they can read and write.

Practical Points.

Quinine. Quinine, from the fact of its well-known power of control over malarial poisoning, is a drug which nurses are frequently called upon to administer. It is important, therefore, that they should know its effects. Miss Dock states that it may be found in the blood a few minutes after being taken and retards oxygenation. It enters the tissues quickly and is excreted slowly, several days being required. The maximum effect of a large dose is reached in about five hours. Small doses quicken the heart and raise the blood pressure. Large ones depress the heart, diminish the force and frequency of its contractions, and lower blood pressure. The respirations are also affected by large doses. Quinine acts strikingly on the nerve centres. Slight over doses produce headache and ringing in the ears with deafness. Large doses may cause intense nervous irritability, giddiness, disorders of vision, and general disorders of the spinal cord.

Eruptions of the skin sometimes follow the use of quinine, also a rash followed by severe itching and desquamation. Occasionally irritation of the kidneys and even hæmorrhage. With some persons there is idiosyncrasy forbidding the use of the smallest doses.

“Scalds and burns are both the effect of heat, but a burn is the effect of dry heat, flame; and a scald is the effect of moist heat, steam or liquid.”

Scalds and burns of the first second and third degree—*i.e.*, those causing redness, blistering and the exposure of the superficial nerve endings, are well-known to be acutely painful, and if sufficient body surface is involved, to cause great shock.

In dressing such burns, I have found picric acid invaluable and am often surprised it is not more generally used.

The dressing is done in the following way. A solution of picric acid is obtained and diluted with sufficient hot water to make it comfortably warm—this is done to avoid chilling the patient. The solution when diluted should be 1 per cent. in strength. Two folds of sterilised lint are soaked in it and applied well wet, but *without* jaconette, and covered by two layers of absorbent wool and a bandage. (If the burn is large, several strips of lint are preferable to one big piece. All big burns should be dressed in detachments, a small piece at a time. This lessens both pain and shock.)

This dressing in most cases can be left two days, unless smell or extra high temperature indicate the contrary. By this time the lint is often dry and requires soaking off with boracic, when a second picric dressing can be applied.

The advantages of the use of picric are the immediate soothing effects. I have known the extreme restlessness of scalded children almost immediately soothed by its use, and sleep induced. The dressing can be left for days, and its healing properties are great.

[previous page](#)

[next page](#)