

# The Midwife.

## CENTRAL MIDWIVES BOARD.

At the Examination of the Central Midwives Board, held on December 1st, 1921, the number of candidates examined was 614, of whom 480 passed the examiners. The percentage of failures was 21.8.

### EXAMINATION PAPER.

1. Describe the brim of the pelvis. What bones form it? What are its measurements?

Why is the knowledge of these matters so important to a midwife?

2. Describe the conditions under which premature rupture of the membranes may occur. What complications may arise in consequence?

3. A woman, while suckling her baby, thinks she is pregnant because she feels foetal movements. How would you decide if she be pregnant, and, if so, the probable time of her confinement?

4. What are the common causes of sore buttocks in infants? What can you do to prevent this condition? What measures would you adopt to relieve it?

5. What is meant by a purulent vaginal discharge? How would you recognise it in a pregnant woman? What are its dangers? What is your duty in such a case?

6. How would you recognise that the uterus is involuting properly during the puerperium?

What ill effects follow the failure of this process?

What can a midwife do to aid involution which is not progressing satisfactorily?

## THE NEW GENERATION.

*The New Generation* is the name of an attractive new monthly which is being launched by the Malthusian League. It has secured the co-operation of a strong list of contributors, among whom we note Sir Arbuthnot Lane, Bart., C.B., M.B., M.S., Sir James Barr, C.B.E., M.D., Mr. Harold Cox, Mr. John Drinkwater, the Right Hon. J. M. Robertson, P.C., Miss Norah March, B.Sc., and many other writers of repute. The January number, which may be expected next week, will contain a Foreword by the Editors, Messages of Welcome, "The New Generation," by Miss Maude Royden, "A Medical View," by Sir Bernard Hollander, M.D., "The Right to Live," by Miss Cicely Hamilton, "Birth Control in the United States," by Mr. Harold Cox, and a poem by A. R. Thomas, besides other features.

The cost is 6d. monthly, and the subscription rate 7s., post free, for twelve months (in advance). It is published at 124, Victoria Street, London, S.W. 1.

## MIDWIFERY IN INDIA.

In February last the General Council of Medical Education and Registration of the United Kingdom announced that Indian Medical Qualifications would cease to be registered in the United Kingdom unless by February, 1922, the Council were satisfied that midwifery training in Indian Universities had reached the standard required by the Council. The Executive Committee of the Council have, however, agreed to postpone consideration of the question to a later date, pending a further investigation of the conditions of midwifery training in India, owing to representations by the Secretary of State and the Government of India.

It is extremely important that medical qualifications in regard to midwifery in India should be of a high standard. Much of the midwifery amongst the natives is in the hands of the dhais—native midwives—who carry on midwifery as a hereditary occupation, and who are for the most part appallingly ignorant. The result is that obstetric emergencies and injuries rarely, if ever, seen in this country find their way into maternity and other hospitals in India, requiring the very highest possible skill, if life is to be saved or permanent injury averted.

### INFANT MORTALITY IN BOMBAY.

In this connection it is interesting to note that the *Lancet* remarks editorially in a recent issue:—

"Some of the attention concentrated on the small but regrettable loss of life which occurred in Bombay at the time of the Prince of Wales's visit last week might well be given to the appalling loss of infant life constantly occurring in that city. In the quarterly return issued by the Registrar-General the extraordinary infant mortality rate of 630 per 1,000 births was recorded for the third quarter of the year, and for the second quarter the return was even worse—viz., 788 per 1,000 births. It is only fair to add that the extremely high rates customarily returned by Bombay demand some correction in view of an explanation given by Dr. J. E. Sandilands in his annual report as executive health officer. It there appears that the low recorded birth-rate in Bombay, as compared with Madras, is due to the fact that a large number of children born of Bombay mothers are never registered at all or are registered elsewhere, many women going away for their confinements. The Madras recorded rates of 254 and 286 for the same quarters are terrible enough, but may well be near the truth. Calcutta makes no returns, possibly because they would be misleading. We are in great need of accurate figures from India."

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