

tals and training schools for midwives should be vested in the Local Government Board, and not in the Central Midwives' Board."

We are of opinion that for the sake of securing uniformity the recognition of institutions as training schools for midwives should be in the hands of the Central Midwives' Board.

THE RURAL MIDWIVES' ASSOCIATION.

At the meeting of the Rural Midwives' Association held last week at 66, Ennismore Gardens, Mrs. Heywood Johnstone, in presenting the report, bore testimony to the value of the training given by Mrs. Messenger, who, for so many years, has done such good work in connection with York Rd. Lying-In Hospital, S.E., and to that of Mrs. Parkinson, under whose management the Heywood Johnstone Memorial Home in Bermondsey has become a great success.

THE DUTY OF THE MIDWIFE IN PROLAPSE OF THE CORD.

It is scarcely credible that a medical man could object to a midwife advising that a medical practitioner should be sent for in a case of prolapse of the cord, and that he should oppose the payment of the doctor's fee on the ground that "when the Local Government Board Order directing that a medical man should be called in was issued he understood that the guardians were to pay a guinea or half-guinea when there was danger in the confinement, and the case was essentially one that required a medical man's skill to ensure a successful termination."

Yet this opposition was offered by Dr. Waterfield, a member of the Stonehouse Board of Guardians, recently, who said "he had been in Stonehouse something like twenty years, and in the whole course of his experience—and he had had a great many midwifery cases—he had never been called in for such a trivial case as prolapse. The old-fashioned woman, who was supposed not to know her work, would never have thought of calling in a doctor for such a case. He protested against money coming out of the rates for such a trivial thing."

It is quite possible that the "old fashioned woman," whose ignorance was only equalled by her assurance, would never have thought of calling in a doctor, but the modern midwife who knows her work is aware how many of the children are still-born when this accident occurs, and that medical intervention is imperatively called for. Furthermore, no option is left to a certified midwife in such a case. The directions of the Central Midwives' Board, which she is bound to obey, are precise.

Commenting upon the case, the *British Medical Journal* says:—

"Apparently Dr. Waterfield has never seen the rules of the Central Midwives' Board, which direct the midwife, in case of any abnormality occurring during labour, to fill up a form requiring the attendance of a medical practitioner, and render-

ing her liable to be reported to the Central Midwives' Board if she neglects to do so. Dr. Waterfield apparently prefers the action of the old Sairey Gamps in such matters to that of the new certified midwife; but his attempt to put back the hands of the clock in this matter comes rather late in the day. He is, of course, entitled to hold his own opinion as to what are, or are not, trivial abnormalities, even though, as he admits, prolapse might have resulted in the death of the child; but as no such discretion is left to the midwife by the rules under which she works, it was her bounden duty to fill up the form, and the doctor, having attended on her request, is entitled to be paid his fee. We trust that on reflection Dr. Waterfield will see that his action in the matter was not such as could be approved by members of his own profession."

SPONTANEOUS RUPTURE OF UMBILICAL CORD.

Dr. Tissier, as reported in the *British Medical Journal*, relates in a foreign contemporary a case proving the possibility of the spontaneous rupture of the cord when delivery has taken place in the upright position. A woman, aged 33, pregnant for the third time, with no history of mental or other abnormality clearly made out, progressed satisfactorily from her conception in August till towards the end of February. Then she became strange in manner, "lost her head" as her neighbours expressed it, and at last, on April 15th, had a seizure which appeared to be of the nature of eclampsia, and was removed to hospital. There was no sign of albuminuria, oedema, or stupor, although she was certainly deranged in mind, and was insensitive alike to pinpricks and to the application of heat. The attack was regarded as hysterio-epilepsy, and the authorities played a waiting game. In the course of the morning of the 18th the patient got out of bed, and stood in the middle of the ward over a basin, her face still wearing its expression of hebetude. To the inquiries of the other patients she simply replied that she was having a baby, and sure enough the sound of a fall was followed by the presence of an infant in the basin. The patient was at once got back into bed, and it was not until the fifth day that she recovered full consciousness, greatly surprised at the possession of her child, having been quite unaware of the delivery. There was no perineal tear, and she made a good recovery. The infant was not injured in any way by its abrupt entrance into the world, but the cord, which was apparently quite normal, was broken off about 5 in. from the umbilicus, the fracture being oblique, but without any irregularity, as if it had been cut in that manner. The question arose whether the cord gave way suddenly from the weight of the child upon it, or whether it had been torn asunder by the patient herself, who was observed at the time to pull on something between her thighs. Dr. Tissier inclines to the view that it broke suddenly, as a pull on such a slippery surface would have caused the vessel to separate at different levels, with irregularity of the gelatine stroma.

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