

The Midwife.

The Midwife's Duties to Her Patients.

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In order to be successful in her work, a district midwife must adhere strictly to a routine course of action, so much so, that even if tired and overdone she carries out her own laws mechanically. She must try to be a real power for good in every home she enters.

Let us enumerate a midwife's duties to her patients and then consider what each entails.

1. When the patient engages her, the midwife should give her a few simple directions as to the care of her own health and the necessary preparations for her confinement.

2. When called to the case the midwife must secure the surgical cleanliness of herself, her patient, and her appliances.

3. The midwife must conduct her case in an aseptic manner throughout, both at the actual time of confinement and during the puerperium.

4. She must remain long enough after the case is over to be sure that there is no hæmorrhage, that the patient is comfortable, and can take some nourishment.

5. During the lying-in period the midwife must not only attend to the mother and baby regularly, but must also do all in her power to secure their comfort during her absence.

6. After her daily visits cease, the midwife should try to pass her case on to a Health Visitor. If, as is frequently the case in country districts, there is no visitor, the midwife should endeavour to visit the baby herself occasionally, for, at any rate, the first six months of its life.

Now let us see how much these simple rules mean.

1. The patient probably comes to engage the services of the midwife herself some time before the confinement is actually due. By showing a little interest in her case, the woman is often induced to ask what the midwife likes got ready. Then is the time to speak of the importance of having a well-scrubbed room ready, a bed without valances and without multitudes of boxes under it. A timely apology for being extravagant in the use of hot water, will generally produce some such answer as the following, "Oh! well, nurse, water is cheap enough, if that's all

you want I shall be all right." It is advisable to suggest substitutes for mackintosh now, because few of our poor people can afford this, and still less can they afford to have their beds ruined. Baby's clothes might be talked over, and, if necessary, patterns lent. There is another subject which can be most advantageously discussed now, namely, the diet of the pregnant mother. It should be pointed out to her that the child depends upon the mother for nourishment both now and after birth. Plain, wholesome easily digested food is best, and milk, not alcohol, should be taken frequently.

If the midwife is not too busy, the patients love a visit in their own homes before the confinement is due; they feel more at home in their hour of trial with someone who has been to see them as a friend.

2. Surgical cleanliness means something which it is difficult to get under favourable circumstances, and which seems almost impossible to the novice when she starts her district work. Two bowls or basins must be obtained, and after being well scalded and scrubbed one must be kept for disinfectant solution and one for washing the midwife's hands and forearms. A very good soap to use for washing the bowls, the hands, and the patient's genitals is liquid ether soap; it removes all grease, that dread harbinger of germs, and prepares the way for the disinfectant to take effect. Even in the dirtiest attic the midwife can make the patient and herself surgically clean.

3. Every time the midwife examines or does anything for her patient she should scrub her hands and forearms with soap, rinse them in hot water, and soak them in the disinfectant used. All instruments required should be sterilised before and after use. Nothing must be left to chance in midwifery; it is far better to sterilise twice over than not to do it at all. During the after care of the mother the same rules must be observed.

4. Unless absolutely obliged to go on to another case, a midwife should try and remain at least an hour after the birth of the child. She should never leave until the mother is comfortably settled, the baby washed and dressed, and the room absolutely tidy and free from all signs of labour. The patient can now be given some warm milk, or egg and milk according to circumstances, and the baby be put to the breast. Then if temperature and

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