

The Examination of the Central Midwives' Board.

At the examination of the Central Midwives' Board, held on October 23rd last, in London and the Provinces, 538 candidates were examined, and 443 satisfied the examiners, and will consequently be placed on the Roll of Certified Midwives. The percentage of failures was 17.7. At the last examination the percentage was 15.7.

The Royal Council of Surgeons and Midwives.

The Council of the Royal College of Surgeons of England will, on November 19th, submit its report to the Annual Meeting of Fellows for the year ending in August last. To midwives an interesting feature of the report is the letter addressed to the Council by Mr. J. Ward Cousins, its representative on the Central Midwives' Board. Mr. Ward Cousins states that during the year 133 penal cases against midwives were investigated by the Board, the majority of the charges dealing with uncleanness, lack of equipment, and neglect to send for medical aid. As to the recognition of Poor Law Infirmary and Workhouses as training schools for midwives, the Board is still of opinion that the facilities for training are distinctly greater in the non-Poor-Law institutions. The supply of midwives has received careful consideration, and the Board suggests to the Privy Council that as midwives will be unable to make a living in those localities where their presence is most necessary, owing to poverty and the sparseness of the population, a Government grant is a necessity for this purpose. With reference to the question of fees for medical practitioners summoned to assist certified midwives in cases of difficulty and danger, "no satisfactory arrangement has been made," Mr. Cousins considers that instead of placing the payment of medical men wholly in the hands of Guardians, the Local Government Board should arrange with the Boards of Guardians to pay the fees.

The Out-Clinic of the Washington University Hospital.

Miss Menia S. Tye, R.N., Superintendent of Nurses at the Washington University Hospital, St. Louis, gives an interesting account in the *American Journal of Nursing* of the work of sending nurses from the training school into the homes of the poor with the resident physician of the lying-in department, or with the resident physician of the Obstetrical Out-Clinic. In the United States the midwife is practically unknown, the obstetrical work being in the hands of nurses. Miss Tye writes:—

The nurse who went out to inaugurate this work, February 1st, 1908, was in her senior year, and had had both her practical and theoretical training.

Her duties are to accompany the doctor to the

home, assist him during the confinement, utilising to the best advantage whatever she finds in the house. She makes the bed, bathes the patient, applies the abdominal binder and vulva pad, oils and dresses the baby, etc. She makes a daily call upon this patient for ten consecutive days, when, if everything has been normal, the patient is usually allowed out of bed and the visiting nurse discontinues the visits.

The patients seem very grateful, and readily get anything required of them by the doctor or nurse. Incidentally, the nurse teaches the art of cleanliness and ventilation. After the first postpartum day the patient realises what the nurse will require to work with when she comes, and her work is greatly facilitated by the baby's clothes being laid out, water being hot and boiled, and the family wash-basin being clean, and fresh bed linen and gown in readiness.

The coloured people are especially pleased to have a white woman wait on them, and all along the alley or street smiling coloured faces welcome and speed the visiting nurse.

A nurse has made thirteen calls between 7 a.m. and 7 p.m., but a great deal depends upon the distance between calling places. The nurse, while out, keeps in touch with the hospital by telephone, and in this way attends confinements which occur during the day. As yet I have not seen my way to send a nurse out at night. Upon her return in the evening she writes a full report, and before starting out in the morning gets new names and addresses from the resident physician. I keep a nurse on the Out-Clinic for one month, and each nurse has enjoyed the work very much.

As to conditions met, the following case is illustrative:—

Annie, aged 20, coloured, first postpartum day, was in very good condition, the uterus well contracted. She occupied what looked to be a clean bed. Upon examination, found a horse blanket, which was very hairy and smelt badly, folded underneath some soiled newspapers, and both were covered by a nicely folded clean sheet. Also found under a clean white spread a very dirty quilted comfort without any upper sheet.

We first cleaned the wash-basin and put some water in it to warm to bathe the baby. We removed the horse blanket, replaced clean newspapers, pulled up the lower sheet, and tucked it in at the top, put on a clean upper sheet, re-pinned the abdominal binder, and fastened on the vulva pad with a folded towel and four safety pins. The patient had been cleansed and had had a clean pad applied by the mother before she went out to do her day's washing. The gown was clean, and had been very nicely starched and ironed. Upon pushing the bed back in place a bucket containing urine and soiled pads and absorbent wipes was discovered under the bed.

The day was cold and wet; an open fire was burning in the room, but the air was heavy and stifling, so we raised a window in an adjoining room. The water being warm, the baby received its first sponge bath. Its band being soiled, had to be changed, but the navel dressing of absorbent cotton was not touched.

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