

of the infant for ten days after confinement. The Health Visitor enquired into these matters, and her advice did not always coincide with that of the midwife in charge, with the result that the patient was bewildered.

Further, clean people were wanted in a sick room, not those whose business it was to attend to sanitary matters, and whose duties included the inspection of middens, and enquiries as to sick children, after discharging which duties they came and stood by the bedsides of lying-in women in the stuff dresses in which they had performed them. If the Medical Officer of Health, when he made enquiries as to a case which had gone wrong, asked who had been standing at the patient's bedside, the midwife would not always get the blame.

If the Health Visitor would visit the expectant mother two months beforehand and advise her as to the whitewashing of rooms, general cleanliness, and the baby clothes she would be doing useful work.

The resolution was seconded by Mrs. Lawson, who said that in Manchester, where she came from, the Midwives' Association had represented the case to the Local Supervising Authority, and the mistake had been rectified. The Health Visitor advised the mother what to eat, and as to the health of her baby, and her advice sometimes clashed with that of the midwife. If both attended together there might be a bit of unpleasantness, a bit of wrangling over the bed of the patient, and that tended to lower the tone of the profession.

In reply to a question, Mrs. Lawson said that Health Visitors were not always certified midwives. She knew of one who kept a chipped potato shop.

Both resolutions were carried unanimously.

THURSDAY, APRIL 15th

THE MIDWIFE AND DISTRICT NURSE.

The question of the expediency of combining the work of district nurses and midwives aroused considerable discussion on Thursday afternoon.

On the one side it was maintained that if a nurse were attending a lady of wealth she would be expected to be most particular, and not to go near other cases, also that it was impracticable for a nurse who worked hard all day to be ready to meet midwifery calls at night as well. Another speaker remarked that midwives do not interfere with the work of district nurses, and asked why the district nurses wished to interfere with theirs. We should say that midwives have encroached considerably on the province of district nurses, but that unless they are certified midwives also nurses do not take up midwifery.

Miss Leggatt was of opinion that a trained nurse of the present day who was also a certified midwife and knew how to disinfect herself, should be able to attend ordinary district cases as well as midwifery cases with safety to the public. She wished nurses would realise their responsibility in regard to training in midwifery.

Miss Mackenzie said that the necessities of rural districts were apt to be forgotten. There the combination of the two was frequently necessary. There was a prejudice against it, but as a proof that it was practicable she quoted a rural district in which

2,010 confinements were attended by nurses combining the two branches, and only two puerperal cases occurred.

Another speaker pointed out that in attendance on the same case a knowledge of general nursing as well as of midwifery was often required, and therefore the double qualification was very desirable.

The Chairman, Dr. O. M. Feldman, said (1) that the present minimum period of training of three months, required by the Central Midwives' Board, was not sufficient to impress pupils with the aseptic sense. (2) The standard of preliminary education required by the Board that a candidate for its examination must possess "sufficient elementary education to enable her to read and to take notes of cases," was ludicrous and preposterous. (3) He also took exception to the fact that any medical practitioner is at present allowed to "sign up" a pupil midwife's attendance on 20 cases. All did not know the importance of asepsis themselves. There were still medical men who would make vaginal examinations without washing their hands, and when it became evident that instrumental interference was necessary, would dip their forceps in boracic lotion. He was sorry for the midwives who learnt their asepsis from these teachers.

Before a midwife combined general nursing with midwifery he considered she should have at least one year's training in a general hospital. With a better general education, and more prolonged professional training, he considered she might combine nursing and midwifery, and this appeared to be the opinion of the meeting.

THE MECHANISM OF LABOUR SIMPLIFIED.

The next speaker was Dr. Nepean Longridge, who gave a very clear and interesting lecture on "The Mechanism of Labour Simplified." He said that the title was somewhat misleading, because nature had made the mechanism of labour so simple that it could not be improved upon. It was, however, possible to simplify the complicated descriptions given by text books. Those who heard Dr. Longridge's description of the mechanism of labour must have been dull indeed if they could not grasp it. One "wrinkle" he gave which nurses and midwives will do well to remember. When a patient is losing too much after labour, passing a catheter will sometimes stop this, the reason being that if the full bladder is filling the pelvic cavity the uterus cannot descend properly, and the cork-screw-like uterine artery is still extended and cannot become closed. With the emptying of the bladder and the consequent descent of the uterus the excessive loss often ceases.

PUERPERAL FEVER.

The third subject discussed on Thursday was "Puerperal Fever," introduced by Mr. A. S. Everard, L.S.A.

FRIDAY, APRIL 16th.

NURSING HOMES.

On Friday afternoon, Dr. E. B. Reckitt spoke on "Nursing Homes, Their Uses and Abuses." After speaking of the convenience of nursing homes, as obviating the upsetting of the arrangements in private houses in case of sickness, Dr. Reckitt referred to the frequent sweating of nurses

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