

The Midwife.

The Training of Midwives.

Sir John W. Byers, M.A., M.D., in his Address in Obstetrics, delivered at the 77th Annual Meeting of the British Medical Association at Belfast, to which we briefly referred last week, said:—

“With reference to the training of midwives, it would be a great gain if the Central Midwives’ Board would endeavour to raise the standard of general education among those applying to be examined by them, by demanding some test or certificate showing that the nurse had received a suitable general education (this standard could be easily arranged to suit each of the three kingdoms), and in every instance it should be obligatory that the nurses had enjoyed a surgical and medical training. A woman of good previous general education could be much better taught a new subject, and can all the better appreciate the reasons for what she does in her special avocation, while an uneducated person is simply an automaton, doing what she sees others do, but without any real reason for the faith that is in her. Further, a previous experience in general medical and surgical nursing makes it so much easier to apply the principles of surgical cleanliness to midwifery. A course of training in practical midwifery for midwives should not be less than six months; indeed, its extension to one year would be better. I am confident that, by a more thorough practical training of students and pupil midwives, puerperal infection would show a much greater and more rapid diminution in private practice in the future; and, further, that owing to a more thorough clinical obstetric experience craniotomy on a living or dead child or decapitation would cease to be performed. We must teach our students how to recognise at the proper time—that is, during pregnancy, before labour sets in—that a woman has a contracted pelvis needing very careful obstetric treatment. We must impress upon students and pupil midwives that by early recognition and suitable treatment during pregnancy many otherwise serious complications may be warded off, and that even craniotomy on a dead child or decapitation might in most cases be avoided if a proper line of treatment was adopted at the beginning of labour, and that in the future pubiotomy or Cæsarean section will take the place of craniotomy done on a living child. . . . We must in the future try to get rid entirely of this horrid operation from ob-

stetric practice by teaching students and midwives to recognise early the conditions calling for the newer operations, which will obviate the necessity for craniotomy. Further, we must in the case of a child—as in that of the mother—have regard both to its morbidity after birth as well as to its mortality, and a thorough consideration of what may be its subsequent condition after delivery should also enter into the problem of deciding the best way in which to help the mother.”

The Central Midwives’ Board.

EXAMINATION PAPER.

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1. Enumerate the most important diameters of the foetal skull, and give the dimensions of each in inches.

What diameter of the skull occupies the right oblique of the pelvis

(a) When the occiput is forwards and to the left?

(b) When the occiput is backwards and to the right?

2. How would you diagnose a face presentation?

(a) By abdominal palpation?

(b) By vaginal examination?

3. Describe the treatment that you would adopt in the conduct of the second stage of labour in an uncomplicated breech presentation.

4. What conditions will give rise to fever during puerperium?

What precautions are necessary to prevent puerperal fever?

5. Under what circumstances is a mother unable to feed her child?

What is the composition of milk, and what is the difference between human and cow’s milk? State how you would feed a baby for the first ten days of life.

6. What would lead you to seek medical aid in the case of

(a) A pregnant woman?

(b) A woman in labour?

(c) A lying-in woman?

(d) The child?

Babies Need Water.

Dr. A. Jacobi, as quoted by the *Dietetic and Hygienic Gazette*, reminds nurses and midwives of a point which should always be remembered. When babies are hungry they cry. When they are thirsty they speak the same language. In either case they are given food, not drink. That is why babies should frequently be offered pure spring water or boiled water in some shape or other.

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