

make the midwife's position so important that she would be afraid of losing it. He would make it an official position in which the midwife could be sure of earning a living. If a woman was earning only £10 or £15 a year, she must do something else and make anything she could.

Lastly, Sir William Sinclair said that where the Midwives' Act is properly administered puerperal fever is diminishing. In Manchester puerperal fever in the practice of midwives was disappearing. There was less now than in the practice of the doctors.

Lectures to Midwives.

The importance of the rôle played by the midwife in the development of the nation is beginning to be fully recognised.

A great number of the certified midwives are still *bonâ fide* ones, many of them capable and good women, but without expert training. Moreover, fully trained midwives are often—and most commendably—anxious to keep in touch with new developments. In view of this fact, and awaiting the hoped-for day when post graduate courses will be obligatory, the lectures on midwifery organised by County Councils are of importance, and an account of two just delivered by the Inspector of Midwives for Somerset, Miss C. C. du Sautoy, may be of interest.

The lectures were given, by kind permission, at the Emergency Home of the Somerset County Nursing Association in Taunton. About forty midwives (trained and *bonâ-fide*) attended the first day (the second day was very wet). Nearly all had to walk long distances.

THE CHAIRMAN'S ADDRESS.

Dr. J. Meredith, Chairman of the County Council Committee for the Midwives' Act, gave a brief address, in which he said that it was to him a gratifying sight to see such a good number present, and assured his hearers that they were engaged in a noble work. He called their attention to the working of the Midwives' Act in Somerset. For the six years immediately preceding the passing of the Act—1897-1902 inclusive—the infant death-rate of Somerset equalled 110.6 per thousand births.

For the last six years—1903-1908—the death-rate per thousand births among infants under one year has been 88.6.

From this it will be seen that there is a saving of more than 21 lives in every thousand born over the number saved during the first six years' period.

This means a saving of about 170 infants in the county each year—a fact which amply justifies the passing of the Midwives' Act, 1902, and its administration in Somerset.

It is not claimed that the Act in itself is faultless, or that its administration is perfect—only that every means that are practicable are being taken to attain such an end. Dr. Meredith also said: "The chief part of the progress made in this work is due to you, the midwives, who carry on the detailed work. The more women realise this important fact, and learn to respect themselves and their calling, the greater will be the advantage to general society and the well-being of the people.

The application of good sense with trained intelligence, great cleanliness and healthy living in every respect, will work, even yet, greater salvation than has been seen by any of us in the past."

THE INSPECTOR'S LECTURES.

The Inspector's lectures were made as practical as possible by the use of a large doll and a bed. In this way, the proper position of the patient and the way to change sheets and observe the progress of the patient without allowing the latter to get out of bed—a very necessary caution with the untrained midwife—could be demonstrated.

The first lecture dealt with Midwife's Duty to her Patient. The great responsibility incurred by the former was pointed out, and advice on the following matters was given:—

1. Care before confinement.
2. Necessity for scrupulous cleanliness, not only of the patient but of her surroundings and of the midwife's own person.
3. Preparations for actual confinement.
4. Duty at birth and with regard to placenta.

The second lecture dealt with the Midwife's Duty to the Child:—

1. Care at birth, including the possible necessity for artificial respiration.
2. Care of the cord, nose, eyes, mouth.
3. Baths, clothes, sleep.
4. Fresh air, signs of discomfort.
5. Feeding up to nine months.
6. Ill-health and small ailments.

The Central Midwives' Board.

The following questions comprise the paper set to candidates at the Examination of the Central Midwives' Board on October 25th:—

1. Describe exactly how you examine the placenta and membranes.
2. Describe in detail how you make an abdominal examination of a woman pregnant at full time. What information do you expect to gain by such an examination?
3. A patient near full time complains of headache, vomiting, and swelling of the face and vulva; what danger would you suspect? What is your duty under the Rules of the Central Midwives' Board, and what would you do for the patient in the meanwhile?
4. How would you deal with the breasts when the baby is born dead? Why is it important to act carefully in such a case?
5. Describe a case of severe inflammation of the eyes in a new born child. How do you try to prevent its occurrence, and what are the dangers if it is unchecked?
6. What do you mean by (a) Abortion? (b) Ruptured perinæum? (c) White leg? Describe what you would do in each case until the doctor arrives.

We are asked by Mrs. J. E. H. Malcolm, 132, Lower Broughton Road, Manchester, Corresponding Secretary of the National Association of Midwives, to say that membership of the Association is open to all registered midwives. The office of the Association is at 9, Albert Square, Manchester.

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