

The Midwife.

The Leicester Maternity Hospital.

A meeting in support of the Leicester and Leicestershire Maternity Home was held last week at the County Assembly Rooms, Leicester. The President, Mr. T. Cope, J.P., and later the Mayor (Councillor G. Chitham) presided. Amongst the speakers were Sir Francis H. Champneys, Miss Lucy Robinson, and Mrs. Wallace Bruce (London), and Dr. Thomas Wilson (Birmingham).

The President said that they had met together to further a great scheme for the training of midwives, and with regard to the Maternity Hospital for Women. The hospital was opened in June, 1905, to accommodate five patients. It had now 22 beds, and during the present year had received 240 patients.

Before the Midwives' Act came into force there were 370 midwives in the county; at the present time there were 110, rather a startling difference, but women were now required to undergo a careful course of technical training. He hoped that those present would help forward the great movement, which had for its object the promotion of the physical and intellectual health of the rising generation.

Dr. Killick Millard, Medical Officer of Health for the borough, said that in Leicester the sanitary conditions under which children were born compared favourably with those in many other places. Nevertheless they were far from ideal. In the near future the community would be obliged to give more consideration to the child-bearing mother than had been done in the past. He testified to the excellent work done by the Maternity Hospital in the care of patients and the training of pupils. The patients spoke in the highest terms of the treatment they received.

Maternity Training in New Zealand.

The Editor of *Kai Tiaki* says:—"We do not consider that it is possible to include obstetric nursing in any but a systematic post-graduate course. Six months, at least, is needed to become sufficiently familiar with the many aspects of this work—this for qualified nurses; for others, at least twelve months. Therefore we dismiss the idea of nurses going through their general training attempting at the same time to study midwifery."

Central Midwives Board.

EXAMINATION PAPER.

The following questions were set for the candidates at the examination held on October 24th in London and the provinces:—

1. What are the symptoms and signs of pregnancy at the fifth month?

In what circumstances might it be necessary to send for medical assistance at this stage of pregnancy?

2. Describe in detail your method of making a vaginal examination.

To what points would you pay special attention in making a vaginal examination of a patient in the first stage of labour?

3. State the chief causes of "glove-finger protrusion" of the membranes.

What complications may arise after the rupture of membranes which protrude in this shape?

4. What is meant by "Inertia of the Uterus"?

How would you recognise it and what are its dangers?

5. How would you deal with the umbilical cord from the moment of birth till its separation from the child?

What dangers to the child may arise if proper precautions are not taken?

6. What is the meaning of "Involution of the Uterus"?

What causes will lead to delay of this process, and how would you recognise this complication?

Salting Babies.

The strange custom of salting new-born babies is, says the *Dietetic and Hygienic Gazette*, quoting from a contemporary, still practiced in certain regions of Europe and Asia. The method varies with the different nationalities of the peoples employing it. The Armenians of Russia cover the entire skin of the infant with a very fine salt. This is left on the baby for three hours or more, when it is washed off with warm water. A mountain tribe of Asia Minor are even more peculiar in this regard than the Armenians, for they are alleged to keep their new-born babies covered with salt for a period of 24 hours. The modern Greeks also sprinkle their babies with salt; and even in certain portions of Germany salt is still used on a child at birth. The mothers imagine that this practice brings health and strength to their offspring, and serves as well to keep away evil spirits.

Dr. Herman states that in puerperal eclampsia the position of the patient is very important, as if she is left on her back there is danger of the air passages becoming clogged with secretion, etc. She should be put in the semi-prone position with the left hand behind her back.

[previous page](#)

[next page](#)