

Schools of Midwifery.

ROYAL MATERNITY HOSPITAL, COPENHAGEN.

In commemoration of the Royal Maternity Hospital, Copenhagen, the site of which is now to be changed, a set of papers, so we learn from the *British Medical Journal*, has been published by Professor Leopold Meyer and his staff dealing with the work of the hospital in recent years. It is satisfactory to learn that the death rate from true puerperal fever is now so low that many of the midwives trained in the hospital have never seen a case at all.

The following is the technique observed on the admission of a patient, which admission takes place when labour pains have begun.

The whole body is washed with soap in a warm bath. The patient is then put to bed, and the external genitals are washed first with sterilised jute, soap, and tepid water, then with sterilised water, and finally with 1 in 1,000 perchloride or 2.5 per cent. carbolic. Before washing the genitals or making an exploration, the operator's hands undergo a series of antiseptic rites lasting ten minutes. No vaginal douche is given unless an exploration has been made before admission, and even then it is not always given. Local treatment, such as curetting and douching of infected cases, has been abandoned in favour of a masterly inactivity, which is much to the patient's advantage, according to Professor Meyer, who, on this point, has the support of the Gynæcological Congress at Strassburg in 1909.

Dr. Oluf Thomsen supplies an interesting paper on the need for testing candidates for wet nursing with Wassermann's reaction. He found the milk of fifty-three syphilitic mothers give a positive reaction with but one exception, whereas only thirty-three of the mothers gave a positive serum test. The milk should be examined before birth, or within a couple of days after birth, as the reaction is less certain later. A positive reaction with 0.05 c.cm. or less of milk is certain proof of syphilis. With larger quantities of milk, that is 0.1 or 0.2, a positive reaction may be given by a healthy mother.

It is manifestly important that midwives and maternity nursing should receive instruction in the course of their training on the points to be observed in nursing cases of syphilis in relation to the mother, and infant, and the care of their own health. At present in the majority of maternity hospitals we fear that there is almost complete silence on this subject. Yet considering the prevalence of the disease, its infectious and persistent nature, and its loathsome consequences surely such knowledge is the right of every nurse and midwife.

Schools for Mothers.

We have received from the National League of Physical Education, 4, Tavistock Square, W.C., a report on existing schools for mothers, and similar institutions, by Mr. I. C. Gibbon, issued in pamphlet form, price 3d., which contains a most interesting account of this new branch of social service. The writer points out that "the school for mothers is of recent development. Most of the institutions of this kind which at present exist have been established within the last three years. They have arisen mainly from a desire to reduce the high rate of infantile mortality which generally prevails, a desire intensified by disquiet, sometimes perhaps not very well informed, at the declining birth-rate. Accumulated evidence of the ignorance of infant needs prevalent among a large proportion of modern mothers—an ignorance due, amongst other causes, to the fact that during adolescence they have had little experience of domestic life—has also played its part in the establishment of these 'schools'."

WHAT IS A "SCHOOL FOR MOTHERS"?

"'School for Mothers' is perhaps a somewhat grandiloquent term for many of the institutions which exist. It implies a degree of systematic instruction which is not attained. But it is useful as indicating that the central idea of such institutions is the instruction of the mother how best she may perform her duties, both to herself and to her infant, for the welfare of the latter. The essential of a School for Mothers is that there should be available an expert, a doctor or at least a nurse, from whom instruction and advice should be obtainable. The infant should be regularly inspected by the expert. Around this central notion many other activities may cluster—home-visiting; classes in hygiene, cookery, and cutting-out; provision of dinners to expectant and nursing mothers; provident clubs, etc. The best developed 'schools,' such as St. Pancras, one of the most active pioneers, and Stepney, are busy hives of multifarious activities, and are constantly finding new openings—the openings being generally found much more plentifully than the necessary funds.

"The treatment of sick infants is beyond the scope of a School for Mothers. When a baby is in need of medical attendance, the mother should be referred to a private doctor, dispensary, or other agency for the treatment of sickness, according to the circumstances of the case. If a "School" undertakes the treatment of sickness, it will very probably ultimately be drawn away from its main purpose.

HOME-VISITING.

"Systematic home-visiting should be an integral part of the work of a School for Mothers. What is taught in a class-room seems often somewhat dead and unreal to the poorer (and often to the well-to-do) classes; it is necessary to apply it in the actual conditions of their home life to make it living for them, where an old bottle may have to serve for a rolling-pin, and an old jam-pot as a pie-dish, while one decrepit saucepan must serve for boiling the whole dinner. There should also be systematic provision for looking up mothers who fail to attend regularly at consultations.

[previous page](#)

[next page](#)