

## The Midwife.

### The Choice of Fit Persons.

One of the most important duties enjoined on the authorities of the Church is that they "faithfully and wisely make choice of fit persons to serve in the sacred ministry," and in a lesser degree the obligation on those who select and admit women for training as nurses and midwives is the same.

There are probably no workers more potent for good, or for evil, than the trained nurse, and the midwife, and the portals to the calling of midwifery cannot be too closely guarded. The midwife to fulfil her calling aright must be a woman of education, high principle, and wide sympathies. She has but a poor conception of her duties if she conceives them to be limited to attending to the mother and babe during the confinement, and for 10 days afterwards, all important as these duties are. A most valuable part of her work is that of health missionary; her position gives her a unique opportunity of instilling a knowledge of the laws of health into the minds of her patients, of persuading them to observe them, and of inspiring them with a high ideal of the dignity and duties of motherhood. But to do this she must herself be possessed of such ideals, and it is the part of the training school to select for instruction those who show a sense of the responsibilities which will devolve upon them, and the desire to discharge them adequately.

Recently there was brought to our notice the case of a young woman who had received some general training in a small hospital, and subsequently trained in monthly nursing, who was afterwards employed as a district nurse. Her services were dispensed with because it was found that women had learned from her how to bring on abortion. She subsequently applied to an institution for training as a midwife, and we learn on good authority that when this was known the Matron of the training school to which she applied was informed of the reasons which had caused her dismissal from her former post. She was nevertheless accepted as a pupil. Surely the portals to the calling of midwifery should be more carefully guarded, and the duty of making "choice of fit persons" for training be taken seriously to heart.

It must also be borne in mind that a midwife is a worker who is extremely badly paid, while large sums may be offered to her for illegal practice. It is important, therefore, that she should be a woman of high principle.

### High Temperature after Labour and its Treatment with Aspirin.

Major G. H. Fink, M.R.C.S.Eng., I.M.S. (Ret.), contributes to the *British Medical Journal* the notes of the following case, from which we quote in part. The author says it may be of interest to some owing to certain points which were noted in the treatment, and which might possibly have gone from bad to worse had not the vaginal douching, aspirin, and attention to the *primae viae* been employed in the early stages after a severe rigor with high temperature, quick pulse, and rapid respiration. It was one of those cases in which the toxins of a particular micro-organism were beginning to be manifest in the blood, which could only be judged from the physical signs and symptoms by the bedside of the patient, and which, if not dealt with early, would eventuate in puerperal fever.

He continues: I was called in to attend the patient, a woman of about 28 to 30 years of age and a multipara, who had given birth to a healthy child in normal labour, on the fifth evening.

On arrival, there was the patient, a well-nourished woman with a somewhat flushed and anxious countenance, and complaining of severe frontal headache. Her temperature was 104.4 degs. Fahr.; pulse 130 per minute, quick, and somewhat full and compressible; respirations 28 to 30 a minute. The tongue was covered with a white fur, bowels confined, skin dry, appetite fair, and she was able to sleep only in snatches. The abdominal bandage was loose, the uterus flaccid, and there were no pains present. On palpation over the hypogastrium there was tenderness on the left side, increased greatly on pressure. The urine came away freely, but scalded while flowing.

The lochia were red in colour, fair in amount, no clots or shreds on diaper. The breasts were full, and on pressure around areolae milk flowed freely. The baby emptied the mammary gland regularly on nursing.

No further pain or trouble of any kind was manifest elsewhere at the first visit; but on the following day there was pain under the right shoulder, with vomiting of bilious fluid.

#### TREATMENT.

1. Absolute rest in bed.
2. Regular ventilation of the room, as it was small and ill-ventilated.
3. There had been a daily warm douche of potassium permanganate lotion previous to my visit, which I now continued in the morning as hot as the patient could bear, and corrosive sublimate (1 in 5,000) in the evening, until it flowed quite clear. There are two points of interest in these respective douches, which I shall call (a) and (b). Before and after the douche the temperature was recorded, also in the intervals of the douche, in order to note the effect of douching as well as the antiseptic powers of each: (a) was not so useful as

[previous page](#)

[next page](#)