

The Midwife.

CENTRAL MIDWIVES' BOARD.

EXAMINATION PAPER.

The following is the Paper set to the candidates of the Central Midwives Board at the examination held in London on August 1st:—

1. What are the causes of swelling of the legs (a) during pregnancy and (b) after labour?

How would you deal with such cases?

2. What are the difficulties likely to be met with in the management of a breech presentation, and how would you deal with them?

3. Describe in detail the management of the third stage of labour. What dangers may result from mismanagement?

4. Describe exactly your examination of the lochial pad during the puerperium, and the information to be gained from it.

5. By what day should a breast-fed baby regain its birth weight? What are the common causes of its failure to do so, and what would you do in each case?

6. Under what conditions in the case of a lying-in woman must a midwife advise that medical help be sent for according to the rules of the Central Midwives Board?

How many copies of the "Form of Sending for Medical Help" should be made, and what should be done with each of them?

How should the fact of medical assistance having been sent for be entered in the Register of Cases?

REFINEMENT OF MODERN MIDWIFERY.

A correspondent of the *British Medical Journal* writes: I am amazed at the present-day refinements in the treatment of midwifery cases. The routine treatment by the more advanced school seems to be as follows: (1) Disinfect the hands with at least three different solutions. (2) Inject as a prophylactic measure, so many million *Streptococcus puerperalis* and *B. coli*. (3) Shave vulva. (4) Scrub thoroughly with soap and water the patient's hips, thighs, abdomen. (5) Rub the same area vigorously with dry sterilized towels. (6) Rub in methylated spirits. (7) Wash with mercury biniodide (1 in 500) in 75 per cent. of methylated spirits. (8) Adjust sterilized towels. (9) Make two lateral incisions to anticipate perineal laceration. The above is the routine for normal cases; space prevents my giving details for abnormal cases. As against this elaborate routine, let me give the routine treatment practised by a neighbouring doctor of over forty years' standing. He gives a perfunctory rub to his hands, smears his instruments with vaseline, which is provided by the patient, and proceeds to deliver. He never

by any chance washes the patient's vulva or thighs, and yet in a large midwifery practice, extending over forty years; he has never had one case of puerperal sepsis. This treatment accords with the advice Dr. Angus Fraser is credited with having given to a class of midwifery students at Aberdeen, "Wash your hands if they are dirty." I cannot vouch for the truth of the story.

RESCUE HOMES.

Two interesting institutions in Cologne which were visited by members of the International Congress of Nurses were the Evangelical Zufluchtschaus Säuglingsheim, or Protestant Rescue Home, Kyllburgstrasse, on the outskirts of the city in a new house and a delightfully open and airy situation. Here the mothers may come until the baby is expected, but for the actual confinement they go to the city hospital for ten days, after which they return to the home for two months and pay 15 marks a month. After two months the charge is increased to 50 marks a month for mother and babe. The babies, however, are kept for one year and are paid for by either mother or father, and, as usual, it is generally the former who does the paying.

There is accommodation for 30 babies. We saw them all in their swing cots upon the balcony, lying in every kind of attitude that wee babes can assume, from toe-counting to nose-pulling and thumb-sucking, all looking so clean and well cared for. They are fed five times during the day—at 6 a.m. the first feed, and the last at 9 p.m. Much buttermilk is used, partly because the home is poor. There are three large nurseries, each fitted with baths and hot and cold water, where all the toilet things are kept, each child having its own tray, also thermometer kept in solution, upon which any other article is kept that is being used for the child. When the weather is wet and at night the children are wheeled into the nurseries.

Another similar home is that for Roman Catholic girls, the Kathola Zufluchtschaus. This belongs to a very wealthy community and keeps both mother and babe for two years. But, naturally, the mothers must work, so laundry work is taken in, as well as sewing, and most beautifully it is done. Situations are obtained for the girls on leaving. Here milk is prepared and supplied to poor mothers outside the Home; the daily number of feeds are put up in bottles, different coloured stoppers being used for different ages, and put into a sort of wire basket, so that the whole can be easily carried. This home is large and can take about 100 babies. It is indeed sad that so much accommodation should be necessary for such cases in Christian lands.

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