

It is notoriously admitted that the mortality of childbirth in private practice is difficult to obtain with accuracy. Notification, now insisted upon, will give material assistance in framing an estimate. Possibly it may remove the opprobrium still clinging to some critics that the morbidity and the mortality of private practice is greater than that of either midwives or of special hospitals. May I digress for a moment and speak of what has been with me a long-nurtured desire that we should see maternity homes established for women to enter for the purpose of confinements only? Such homes may be under municipal control or they may be of private enterprise, registered, applicable to all classes of society on graded payments, according to social position and accommodation required. The practitioners in charge should be experts in midwifery, the equipment should be of the most modern kind, adapted solely for the object in view, and the nurses should be trained in the special subject of their duties. I feel convinced that many advantages may be gained in safety both to mother and child, a sounder restoration to health, a greater absence of risks, and, last though not least, less disturbance of household arrangements that are so frequently contributory to mental perturbation and physical discomfort. Prejudices may be overcome by reason; the prospect of confinement *tuto et jucunde* would tend to allay apprehensions and to lead to calmness and confidence in the result.

Perhaps one reason why the untrained and ignorant midwife does not work greater havoc is that metaphorically she so often "keeps her hands in her pockets." We once heard a vivid description of a labour when a trained hospital Sister, holding the L.O.S. Certificate, was present at a case conducted by a midwife of the old type. The midwife sat in a chair by the fire till the patient said, "it's come," when she went over to the bed, severed the cord, and retired with the baby to her chair. After an interval the patient again remarked, "it's come," and the midwife removed the placenta from the bed. In a labour conducted under these conditions there is little opportunity of infecting the patient, and when normal, with an ignorant midwife in attendance, it was probably the safest method. What happened in the abnormal cases is terrible to contemplate.

BUTTERMILK IN THE TREATMENT OF DIARRHŒA IN INFANTS.

Dr. Stolte reports four interesting cases of diarrhœa in infants from three to five months old, with their respective weight curves. They were losing weight from the diarrhœa and he substituted buttermilk for two or more of the ordinary feedings during the day, with almost immediate improvement in the stools, and ultimate gain in weight and general condition. Buttermilk is effectual, he says, on account of its low fat content and high lime content, and the considerable proportion of albumen.

CENTRAL MIDWIVES BOARD.

THE DECEMBER EXAMINATION.

At the December examination of the Central Midwives Board, 281 candidates were examined, and 229 passed the examiners. The percentage of failures was 18.5.

SOME LESSONS OF THE PENAL CASES.

We were only able last week to give the results of the cases heard at the Penal Session of the Central Midwives Board on Saturday, December 21st, but some interesting points require comment. We have often remarked that in those cases in which the midwife appears before the Board and defends herself, or is defended by her solicitor, points are often made in her favour which are not brought out in statutory declarations, and midwives are well advised whenever possible to appear before the Board. The last Penal Session of the Board was no exception to this rule.

Of three cases in the Manchester area in which the midwives appeared and were defended by their solicitors, one was simply cautioned, and in another the Board considered the charges not adequately proved, and took no action. Yet the charges as they appeared on the indictment, if proved, were sufficiently serious; as investigated by the Board, there was ample proof that there are two sides to every question, which the Board recognised by not censuring either of the midwives.

Incidentally we may remark that the Manchester Supervising Authority might have elicited the same facts and spared the Central Midwives Board needless work, and the midwives needless anxiety and expense. To the writer, who has attended most of the Penal Sessions of the Central Midwives Board since their establishment, the Manchester Supervising Authority appears to be the most unsympathetic of all in the kingdom to the midwives under their control, and we are not surprised that they regard the summons before the Central Midwives Board as the "appeal to Caesar" which will ensure due consideration of the question at issue, and that the Board will "truly and indifferently minister justice."

In the first case the midwife was charged with negligence and misconduct in discontinuing her attendance five days after a confinement, neglecting to take the pulse and temperature of the patient, employing an uncertified person as her substitute, and that her register of cases contained records of temperature and pulse when in fact no pulse or temperature had been taken. In a second case in which she was concerned the charges were much the same.

The midwife, who was defended by her solicitor, Mr. H. D. Judson, gave her evidence clearly and well. The facts elicited by the Board were that she discontinued her attendance because she was ill in bed with a doctor in attendance; that she sent to ask another midwife to attend her cases, but she was unable to do so; she then sent to a woman who was known to her as attending

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