

to spend some time in them, and it is also most advisable that the last two months of the training should be spent in attending Midwifery cases in the district, where she will gain confidence and experience in adapting herself to her surroundings, as she never can in the well equipped wards of a hospital.

During some period of this training there should be a regular term of night duty, but I am not in favour of a Pupil being called to attend cases at all hours, except in rare instances. When she commences practice, broken rest and light sleeping are necessary, but during the training period, when the work is new, and she is studying for an examination, she should have undisturbed nights.

If, during the latter months of training, she could also attend a Clinic for Infants, it would be of immense value to her. Sick infants are a complex study, and require very close observation and great concentration of thought. The drawback one has to contend with in Hospital is that the babies so soon pass from our notice, while if "Infants' Clinics" are established, they can be kept longer in view. I do not know of any study more interesting, nor any work, anxious though it often is, which earns a more satisfying reward than the care of little babies. They are so responsive, once we get to understand them.

For trained nurses the same lines of work apply, but with shorter periods.

The lectures should be given regularly and systematically, and attendance from the pupils exacted. The willing worker must not be kept back from them because the Ward is busier than usual. Arrangements *must* be made by those in authority to render such a course unnecessary. Pupils do not know their needs, and it is for those responsible for their training, to see that they receive with regularity the class of instruction they require.

A short holiday may be given with advantage during the training period, since many pupils at first feel the great responsibility of their work, and are apt to become over-anxious and nervous.

I am quite aware that exception may be taken to the length of the Course which I have suggested; experience, however, has taught me that the periods I have prescribed are no longer than is desirable. Apart from the learning of theory, the amount of detail to be carried out in Midwifery practice is so great, the Asepsis must be so thorough, that only with time, and frequent repetition under trained supervision, can the Pupil acquire the habit of strict surgical cleanliness, which is as the bed-rock of the practice she is going to build in the future.

Asepsis is necessary in *every* department, before, during, and after delivery: it is all important to the welfare of both mother and child, and we cannot be too insistent, in impressing it on our Pupils as the great essential for success in their work. It is not by any means always easy to apply the theories of asepsis in district practice, hence the importance of part of the training being done in the homes of the poor, so that midwives may learn under guidance how best to carry out this principle.

In pursuing the theory and practice of midwifery training, we must not forget the ethical side. Certain traits of the pupil's character must be brought forward and developed, whilst others need to be subdued and disciplined. Strict obedience, self-reliance, resourcefulness, dexterity, and above all, patience, must be cultivated, also the spirit of *esprit de corps*. Once the training is finished, and the Pupil is turned into the Midwife, there is through the future the danger that she may forget her teaching, and even if she remembers it, she may fail to add to it. For this reason Post Graduate Classes are most helpful, and should be encouraged. Though it is difficult for busy midwives and monthly nurses to secure the necessary time, they would find it greatly to their advantage to attend a course of lectures at least every two years, to enable them to keep in touch with the times and with new methods. They would then be suitable to hold better and more highly paid appointments than fall to the lot of the ordinary district midwife, and to assist in the numerous branches of social service that are so rapidly growing up around us, and that demand a degree of knowledge which can only be attained by careful and adequate training.

C.M.B. EXAMINATION PAPER.

June 9th.

1. Where is the female bladder? What other structures are in close relation with it? What are the signs that it is overfull? What are the causes of this condition? How would you remedy it? 2. What are the signs of threatened abortion in the third month, and what would be your duties in such a case? 3. Describe how you would recognise that a pregnant woman is suffering from (1) Gonorrhoea; (2) Syphilis. How may these diseases affect the infant? What is the midwife's duty in such cases under the Rules of the Central Midwives Board? 4. What is meant by uterine inertia? What are its varieties, to what dangers may they lead, and how would you treat each? 5. Describe the management of an uncomplicated twin labour at term. 6. Describe carefully your treatment of the cord and of the umbilicus from the moment of birth until the tenth day. What complications may arise if proper care is not taken?

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