The Midwife.

THE NECESSITY OF IMPROVING THE TRAINING OF MIDWIVES, AND ITS BEARING UPON INFANT LIFE.*

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[abridged.]

I do not suppose that there is any subject on which the public are so profoundly ignorant as the training of midwives, on what is the essential difference between a good training and a bad one, and this is probably the reason why we are content—with regard to at least one half of their work, the care of the infant—that England as a country should remain archaic in its methods and deplorable in its results.

Ask the ordinary nurse, who has just passed the Central Midwives Board examination, as to her training, and her answer will probably be: "We had a first-rate training; I saw [some prodigious number] cases in my three [or four] months, and I had a splendid lot of abnormalities."

If pressed on the subject of her infants, she may add in an offhand manner: "Oh, they did all right; of course, some of the bottle-fed ones died, and the prematures—much better they should. Yes, we always gave milk and barley-water—1 in 3—that is the only thing for these hand-fed children." And one comes away stunned and silenced by the unfathomable depths of her ignorance, walled in and preserved inviolate as it is by the high walls of complete self-satisfaction.

A midwife succeeds or not in proportion to the difficulties she *prevents*, not those she attends. In a large training school one does of necessity meet with many abnormalities; patients who have declined to follow out their treatment, or to report themselves periodically, as desired; patients who have booked at the last moment, or who have arrived as emergency cases, without booking at all; patients whose symptoms have been so masked that they have escaped the trained observation of the matron or house-surgeon who booked them. There are, I deeply grieve to say, even yet a few training schools where this observation is never exercised, where the patients merely give in their names, addresses, and the number of their family, to some clerk or secretary, but where no details are ascertained as to their health or stature.

In such schools I do not question the pupils *will* see a splendid lot of abnormalities, if it is indeed splendid to see a mother stiff and foaming in an eclamptic fit, or straining in the most hideous torture to expel a large child through a distorted pelvis, and to know that if she lives through it herself the chances are 100 to 1 against the survival of the infant.

It is of all things important that a midwife should learn, both theoretically and practically, how to diagnose the dangers which threaten both mother and child during pregnancy. She must be taught during her training, if she is to carry it out in her own practice, to test for albumen in the case of every primipara. I think it is the vague feeling that a doctor is always hovering mysteriously in the background, midwives being only qualified to attend cases of normal labour, which causes the public to view with equanimity the ignorance too frequently shown by the inferior order of practitioner. They forget that in the first place a midwife must detect and diagnose danger before a doctor is called in at all; if she is too profuse in her recommendations of medical aid she will infallibly lose her practice. Moreover, the doctor is probably extremely busy with his own patients, and not acutely interested in hers. He will, therefore, possibly just look in in answer to the summons, and speed on his way with a hasty "All right, nurse, you know how to treat her. Send for me if she has a fit."

Then, with regard to contracted pelves, it is great disgrace to a midwife if she is constantly finding when her patient is in labour that the child and the pelvis are an obvious misfit. If she has taken full particulars at the time of booking of the patient's history, whether breast-fed, late in walking and teething, and also, if any had occurred, of her previous labours; if she carefully measured externally with a pelvimeter every primipara, and every mother who has already had instrumental or complicated labours, it will have been quite simple, in many cases where the contraction is only slight, to recommend such a form of diet as will keep the child of a reasonable size. In cases of greater deformity, she would take the patient herself to some real obstetric authority, such as the surgeons of a good maternity hospital, who will be in a position to judge whether the patient can be delivered naturally or with the aid of instruments, whether the labour should be induced at the seventh or eighth month with the natural sequence of a delicate child, or whether Cæsarean section should be resorted to at full term, an operation giving a better prognosis for the infant but slightly increasing the risk to the mother.

All these knotty problems lie outside the midwife's scope, but it will entirely depend on her wisdom and foresight whether they are referred at the right moment to a tribunal really capable of deciding them, or whether the pregnancy is allowed to proceed to full term, the patient eating and drinking heartily meantime until the moment arrives when both nature and science fail to produce

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