

a 9 lb. baby, with a head 13 in. in circumference, through a 3 in. conjugate, and the destruction of the child is the only resource available if the terrible alternative of a ruptured uterus is to be avoided.

Our complacent young graduate, you will remember, made no mention of all this office work, the essential foundation of all true midwifery. She rejoiced to find a child lying across the pelvis—a transverse presentation as it is called—because it added another to her list of abnormalities, sublimely unconscious of the fact that the number of such presentations which she had known discovered and corrected before labour began would really have been the thing to boast of. It is a comparatively easy process then by external manipulation only; she could easily do it herself in her own practice, without transgressing any of the Central Midwives Board rules, but one cannot learn everything in three months or even six, and these little facts, on which incidentally the lives of both mother and infant, but especially the infant, may come to hang, have either not been taught her or else have failed to secure her attention.

But it is not only during pregnancy and labour that the skill and wisdom of our midwives have been proved so criminally defective. Their lack of knowledge how to regulate the affairs of both their patients, large and small, during the puerperium, has probably given rise to more illness and discomfort in the mothers, and more loss of life in the infants, than even in the earlier stages.

Infant feeding is a very large chapter in itself, and cannot be satisfactorily disposed of by the old axiom: the breast, full or empty, and as the only alternative, milk and barley water. How to recognise an empty breast (the opinion of the mother herself is a very poor guide). How to encourage milk production. How to recognise if the infant is thriving; if the reverse, what is the cause of the failure. These are all points on which careful teaching is needed. The midwife is of necessity the person who will first regulate the conditions of each little new life among our working folk. If she has made a real study, both of infant feeding and also the idiosyncrasies of infant digestion, she will be in a position to judge whether the mother can nurse entirely, partially, or not at all. If the latter, whether each individual child under her care shall be fed with whey, whey and cream, peptogenic milk, pasteurised milk, Cautley's top-milk, Trumilk; in what quantity and for how long. All these matters are not learnt in a day, and our Continental neighbours—France, Holland, Belgium, Italy—know what they are about when, in the interests of the future generation, they demand that their midwives shall have had a two years' training, to be spent not only in the lecture and labour rooms, but largely in the *lying-in wards and nurseries attached*. But, even if we ever do obtain a suitable training for this very important profession, we have not yet reached our goal. We have still to provide a living wage instead of a starvation pittance, and also to take

means to effect a friendly relationship between the midwife and her successor, the health visitor. If we could only promote co-operation it would be a tremendous incentive to the midwife to study, that she was expected to hand over her charge, not only in good condition but with its scheme of nutrition built on a scientific basis, and justified by its increase of weight since birth. And the same would apply to the health visitor, who would be liable henceforward to friendly criticism, of a more discerning nature than that of the parents, on the advice given to her charges.

A MISSIONARY NURSE'S HOLIDAY DUTY.

The following charming account of a missionary nurse's holiday duty is contributed by Miss A. Butcher to *The Nursing Journal of India*. As the missionary nurse was a midwife, and deals to a considerable extent with midwifery we reproduce it for the benefit, and we feel sure the delight, of our readers. Incidentally we may point out how much pleasure those whose work takes them far afield, who have eyes to see, and skill to paint word pictures conveying the magic of India, can give to those whose work lies in more prosaic countries, more especially perhaps to those who have once lived in the East and come under its spell, and who suffer from chronic nostalgia for its sights and sounds. Miss Butcher writes:—

Having some time on my hands, I have been filling up gaps for doctors in dispensary work in the C.E.Z.M. at Channapatna, in the Wesleyan Mission at Kardin Nagar, and A.B.M. in Neelore, near Madras. Being new to the country, everything has interested me immensely. I think the flattest Indian landscape most picturesque, from the little naked brown baby to a Maharajah's palace. The wonderful colours worn by the people, the charm of even the mud and bamboo huts (gracefully tumbled about, in distinction to our rows of endless red brick cottages at home) the beautiful Mysore bull, with its hump, broad face, and receding horns, and gentle eyes, and soft grey and fawn coat; the graceful women and girls, the palms and aloes, all fascinated me immensely. A camel ride in the dawn of an Indian morning, where the colouring on hill and plain shines in soft purples, blues, heliotropes, and gold, is truly delightful, the great beast (which is so tall it rises up like a house after you mount it kneeling) is as manageable and gentle as a child. You sit in front, the syce behind, on a double saddle and astride, and you guide the animal with a gay red cord attached to a little piece of steel, which is fixed in the nose. The syce makes it lie down and get up, and administers an occasional sharp reminder of duty. It pads along so softly and delightfully, the sensation is most enjoyable, and the speed is swift, though the movements of the great creature are so deliberate as to be deceptive. A camel seems to take a delight in pursuing a

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