

The Midwife.

THE MIDWIFERY CONFERENCE,

APRIL 30TH.

AFTERNOON SESSION.

Dr. Janet Lane-Clayton, Medical Inspector under the Local Government Board, spoke very appreciatively of the work of nurses in the Public Health Service when presiding at the afternoon session on April 30th.

The first speaker was Dr. Annie McCall, Senior Medical Officer to the Clapham Maternity Hospital, who wore cap and gown.

HOW TO AVOID OPERATIVE MIDWIFERY.

Dr. McCall said that one of the common causes of operative midwifery was uterine inertia. The way to avoid this bugbear was to keep up the muscular power of the uterus. It was a good plan to send the mother into the country, so that she might be in as good a state of health as possible. A hot bath before labour and during the first, and sometimes the second stage, was also useful.

If disproportion between the mother's pelvis and the child's head were suspected, a medicinal hot bath should be given in every case, of which the heat should be kept up for fifteen or twenty minutes. If trouble were anticipated, it should be given three times a week between the seventh and eighth month, every night during the eighth month, and twice a day during the ninth month.

Secondly, chloral hydrate was a valuable drug in the first stage of labour, and by its action helped to soften the soft parts. It depressed the heart, but it must be remembered that the physiological condition of the heart during labour was that it was rather over active.

In the second stage quinine was often a valuable drug given in two five grain doses. It was also useful in the third stage for the prevention of partum hæmorrhage. If it strengthened the uterine fibre in the second stage it was reasonable to suppose its effect would last on into the third stage. It was a drug which should be in every midwife's bag.

One cause of uterine inertia was want of observation on the part of the midwife. A case of ante-version or latero-version might often be righted, and then quickly delivered.

Good regular exercise was a factor in strengthening the muscular condition. A walk of from two to four miles, preferably hill-climbing, or walking upstairs twenty or thirty times a day would help.

The question of diet was another consideration if there was going to be disproportion. You could avoid undue bony development of the child's head by regulation of the mother's diet. Therefore knock off the proteid, and advise the

expectant mother not to eat meat, or, if this was too severe, she should be urged not to eat much.

For the prevention of eclampsia fifteen grains of chlorate hydrate given at first every other night, while the patient held her nose (as the drug was very nauseous), and later every night, was useful. The effect of it was that the patient got through the first stage easily.

She believed that eclampsia was an obstetric trouble which ought to be almost wiped out if the midwife were alive to the premonitory symptoms of hard pulse, dry skin, headache, scanty urine, albuminuria. It should be remembered that it was not justifiable to pass the catheter in cases of eclampsia or suspected eclampsia. The irritation might be the final determining factor in bringing on a fit.

Anticipatory treatment consisted in getting all the excretory organs to work before labour came on. A watery purgative such as jalap should be given. Enemas should be avoided.

A transverse presentation if seen in time might be remedied by posturing the patient. She should lie on the side on which the head was.

Replying to a question as to the right of a midwife when paying ante-natal visits to prescribe such drugs as chloral, Dr. McCall said that there was no law against giving drugs.

THE EFFECT OF THE INSURANCE ACT ON LYING-IN HOSPITALS.

The second paper in this session was read by Mrs. Stephen Glanville. Its general tenor was to show that though on the passing of the National Insurance Act there was a falling-off in the number of patients, this has now practically righted itself as regards the in-patients, though there is still some decrease as regards out-patients.

In the discussion which followed a question was asked as to whether there was any evidence as to where the women go who are nursed neither in hospital nor in an infirmary. Was there any evidence that maternity homes were being opened to meet their needs?

Also whether if a woman receiving the Maternity Benefit went into an infirmary the Guardians could claim the benefit.

No evidence was forthcoming in connection with the first question.

Miss Brinton, a member of the London Insurance Committee, replied to the second in the negative. Guardians might ask for it, but they could not enforce it.

In connection with the incomes made by midwives, Miss Burnside, Inspector of Midwives for Hertfordshire, put down the average earnings of the midwives in that county at 4s. 4d. a week.

In closing the session the Chairman remarked that maternity work throughout the country deserved serious consideration.

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