

# The Midwife.

## MIDWIVES AND ANTE-NATAL CARE.

The desire (says *The Lancet*) to diminish the effect of the ravages of war upon the population of the United Kingdom is likely to concentrate public attention for many years to come upon the birth rate and upon the death rate among infants. The introduction of reforms will arrive, which but for the war might have been condemned to a slower process of development. In particular, ante-natal care of mothers, and the consideration as potential mothers of young girls, are likely to receive closer and more general consideration in the near future. In a lecture recently delivered before the Gloucester City and County Midwives Association by Miss L. G. Rogers, an inspector of midwives, stress was laid upon the necessity for providing ante-natal care through the medium of midwives, if it were desired to render it general and effective. The midwife, it was declared, was in a better position than anybody else to influence the mother, without whose goodwill and co-operation no satisfactory result can be achieved. In this connection the lecturer claimed that the provision of ante-natal care must receive due consideration from the Central Midwives Board, and also that the remuneration of midwives must be increased. This latter condition would no doubt have two results. Prospects of a better livelihood would attract a higher class of women to the work, and would also increase the number of candidates for qualification. Such an increase is highly desirable, because there are not too many midwives in practice, and to impose extra work in the shape of increased attention to the requirements of the mother before birth would only be possible in the case of women whose time was not already filled up. In any event increased duties without recognition of the need for increased fees would convert ante-natal care into charitable work at the midwife's expense. On the whole, we are in accord with the suggestions made. We do not see any reason why the training of midwives to advise pregnant women as to the requirements of their condition, or the attraction of well-educated and intelligent women into the midwife's profession, should cause any trespass upon the domain rightly reserved for the medical practitioner. On the other hand, however, the question of remuneration must be solved with due consideration for the ability of patients to pay more in those classes for whose benefit the certified midwife has been brought into existence. The trade of the "handy-woman" is not yet stamped out in some places, and any raising of the fees of her qualified competitors would increase her *clientèle*. The conditions asked for by the lecturer referred to, do not, therefore, seem likely to be realised without legislative intervention.

## A POPULAR FALLACY.

Reports of the medical officers of health of the London boroughs disprove the theory that in war time there is an unusually large preponderance of boys born. The annual report of the Deptford Medical Officer shows that last year as many girls as boys were born, which really means a subsequent surplus of girls, because the death rate of male children is always higher than that of girls. The Poplar report, which was recently issued, recorded the birth of more girls than boys.

## THE PUERPERIUM.

A writer in the *New York Medical Journal* gives some hints for the management of puerperal women. He thinks it unwise to bind the abdomen tightly, as involution is not thereby promoted. The patient need not be kept flat on her back for any length of time. Starvation for the first few days is not necessary, judicious liberality in diet gives better lactation and earlier convalescence. A post-partum high temperature, even if accompanied by a foul discharge and some subinvolution, is better treated by elevating the head of the bed to facilitate drainage and giving one or more doses of ergot or pituitary extract. Intra-uterine douches or curetting is a questionable method of treatment. If the milk has to be dried up, the breasts should be left absolutely and severely alone. The usual treatments are useless.

## NITROUS OXIDE IN LABOUR.

An American physician strongly recommends the use of nitrous oxide gas mixed with oxygen in obstetrical cases. Dentists give it to the stage of analgesia to thousands of patients every year. It is quickly eliminated and has no ill effects on mother or child. It rather hastens delivery, as the mother is able to render more assistance. The cost is about \$1.50 an hour and it is rarely necessary to use it as long as six hours. In a discussion on this paper the use of novocain was advocated, in addition, to relax the levator ani muscles and perineal body; the drug was injected into the parts. Another physician had found nervin, given hypodermically as soon as the pains became severe, afforded great relief.

## LOSS OF WEIGHT.

It is stated that the decrease of weight in newborn infants is caused by the loss of water, eliminated through the lungs, skin, kidneys and intestines. This should be supplied by adding barley-water to the milk after a few days, or giving it at first if the mother's milk is slow in coming.

The menace lies not in battle casualties, but in empty cradles.—SIR GEORGE BEATSON.

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