

The Midwife.

CENTRAL MIDWIVES BOARD FOR IRELAND.

The sixth examination of the Central Midwives Board for Ireland was held simultaneously in Dublin, Belfast and Cork, on February 7th and 8th, 1922. Eighty-six candidates entered, of whom two did not attend, and 71 passed satisfactorily. The following doctors acted as examiners—Reginald J. Whito, J. Gilmor, Gerald Tierney, Thomas Neill, T. S. Holmes, H. J. O'Prey, Walter Rahilly, and Lucy Smith.

The successful candidates received their training as follows: *Dublin Centre*—Rotunda Hospital, 17; Coombe Hospital, 6; National Maternity Hospital, 19; and Portsmouth Municipal Maternity Hospital, 1. *Belfast Centre*—Incorporated Maternity Hospital, 8; Belfast Workhouse Infirmary, 4; Malone Place Refuge, 2; and Lurgan Workhouse, 1. *Cork Centre*—Cork Maternity Hospital, 7; Cork Lying-in Hospital, 3; and Limerick Lying-in Hospital, 3.

EXAMINATION PAPER.

The following are the questions set in the examination of the Central Midwives Board for Ireland, on February 7th:—

1. What daily observation should a nurse make on visiting a lying-in woman?
2. What conditions of the mother after delivery would lead you to send for a doctor? Explain briefly why you consider such conditions dangerous.
3. Describe your treatment of a case of prolapsed cord.
4. What are the constituents of human milk? How does the milk of a cow differ from human milk? Write out a cow's milk mixture for an infant—(a) one week old; (b) one month old; (c) three months old.
5. What are the regulations of the Central Midwives' Board regarding—(a) Notifications of deaths; (b) Notifications of stillbirths.
6. Briefly explain the meaning of the following terms: (a) Puerperal Eclampsia; (b) Icterus Neonatorum; (c) Sapræmia; (d) Local Supervising Authority.

TREATMENT OF EXPECTANT MOTHERS

Mr. Rhys Davies asked the Minister of Health in the House of Commons on February 9th, whether he had received protests from public and other bodies against the action of his department relative to the curtailment of assistance to local authorities in the treatment of expectant mothers and children; and whether he was prepared in view of those protests, to adopt a more generous attitude on the subject.—Sir A. Mond replied: Yes, sir. I have received protests against a reduc-

tion of grant on maternity and child welfare services. I hope that it will be found possible to continue the Exchequer assistance to local authorities so as to enable them to carry on their maternity and child welfare services unimpaired.

THE LATTER BABY.

Miss Serena D. Alexander, R.N., Asherville N.C., U.S.A., writing in the *American Journal of Nursing* on "Emergency Experiences of a Private Duty Nurse," says:—

"I was staying with the doctor's wife once, while he was away for a few days, when a message came that the Latter baby was 'mighty nigh dead, was black in the face, and 'bout to have spazums.' I hastened to the Latter cabin. It had two rooms, about 12 by 14. I entered the one where the baby lay in a cradle. The door and wooden shutters were closed. There was a trash burner stove in the room, red hot, and no water on it. In the room were the father, mother, little brother, grandmother, two neighbours, a dog, and two cats. The baby was not black in the face; in fact, it was very white and was sleeping heavily. Its pulse was pretty good, though rapid, and I could detect no symptoms of 'spazums.' They repeated the statement that it had been black in the face and about to have spasms. I asked what the doctor had said was the matter with it. They replied, 'pneumonia fever.' I asked if it had seemed to have very high fever when it had its spell. They said no, that the doctor had said it was not likely to have much fever with pneumonia. After this statement I despaired of getting any accurate information from them and proceeded to make my own diagnosis. I decided that the child must have come near strangling from the accumulation of mucus, and lying on its back with no change of position all night. I opened the window, ran the cats and dog out, and told the neighbours that pneumonia was 'catchin',' which was a delicate way of running them out. I prescribed a dose of castor oil and told them to turn the baby every half hour. When the doctor saw the baby the next afternoon, he said it had 'turned the corner' and was doing nicely.

"These are some of the experiences met with in country practice as I have found it. After my description, need I ask that you do not all rush into this kind of work at once and crowd me from the field?"

In connection with Bursaries for Midwifery Training, the Executive Committee of the Central Council for District Nursing in London report that ten candidates in all have been trained since the Grant was first made by the Trustees of the London Parochial Charities. In respect of three of these candidates a grant was made by the Board of Education,

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