

The Midwife.

CÆSAREAN SECTION.

In a leading article on "Cæsarean Section and its Limitations," the *Lancet* expresses the following opinion:—

"In dealing with cases of obstructed labour it is necessary sometimes to take long views. It is easy to exaggerate the importance of delivering a living child at some extra risk to the mother. Take the case of a young woman in her first labour, not seen until labour is in progress. It is better in some circumstances to sacrifice the child not only for the sake of the mother, but also for the sake of subsequent children. If Cæsarean section is performed, at a risk which may be small in itself though greater than that of extraction after craniotomy, the mother is left with a scar in her uterus and with an undilated pelvic floor. In subsequent pregnancies there is a small but definite risk of rupture of the scar even if labour is induced prematurely. The adoption of Cæsarean section as the routine practice in the treatment of severe cases of eclampsia is to be deprecated, on the same grounds if on no others, for most cases of eclampsia occur in primigravida. The comparatively high degree of sterility after Cæsarean section must also be remembered. When an obstetrician is called to the hospital in the small hours to a patient with obstructed labour due to contraction of the pelvis of moderate degree, and finds that the child is alive, that the patient is very anxious to have a living child, and that everything has been prepared for Cæsarean section, it is difficult for him to refuse to perform the operation and to decide to perforate the head of the child, but is not the latter the wiser choice? If attempts at delivery with forceps have been made outside, there can be no doubt of the wisdom of sacrificing the child rather than operating at grave risk to the mother. Let us remember the aphorism that "the mother may get another child, but the child cannot get another mother." Even if there is not much likelihood of infection, craniotomy, followed by induction of premature labour in subsequent pregnancies may be the best treatment and result in the birth of several children with no more risk to the mother than in normal labour."

A BOARD OF MATERNITY AND INFANT HYGIENE.

Under the Shepherd-Towner (Maternity) Bill signed, November 23rd, 1921, a board of maternity and infant hygiene, says the *American Journal of Nursing*, is created, consisting of the Chief of the Children's Bureau, the Surgeon-General of the United States Public Health Service and the United States Commissioner of Education. The Children's Bureau is charged with the administration of the Act. An initial grant of 10,000 dollars

is provided for all States, and provision is made for further growth covering a period of five years, under carefully stipulated safeguards.

BIRTH CONTROL.

The United Farmers' Convention, recently held in Alberta, has referred to the local councils, for consideration during the year, a resolution urging the removal of "all barriers, due to legal restrictions, tradition, prejudice, or ignorance, which now prevent parents from having access to such scientific knowledge on the subject of birth control as is passed by the medical profession."

The convention seems to have been about evenly divided on the subject, although many speakers protested that the issue was one of conscience, and that it was contrary to Biblical teaching to attempt to control birth.

If this were the case it would of course, dispose of the question for those who endeavour to regulate their lives according to the teaching of Holy Writ. But a statement of this kind should be accompanied by proof. And further, we must be careful not to read into the Scriptures teachings which they do not convey, by loose thought and loose interpretation. There was a time when it was considered that inspired revelation was rejected if a man refused to believe that the world was created in six days of 24 hours. There was a time when probably the majority of religiously-minded people believed that the predestination of the large proportion of mankind to eternal torment could be proved "by most certain warrant of Holy Scripture." Few people now would be prepared to put forward such a tenet as *de fide*.

The birth control question needs to be approached dispassionately, scientifically, with a real desire to know the truth, and remembering the undoubted right of every mother that her child shall be perfect and healthy, and that she shall not be compelled to undergo the pain and peril of childbirth to bear dead child after dead child. Remembering also the right of every child to be born free from the taint of disease and capable of becoming a self-supporting member of the community.

The above Convention evidently approved of this side of the question, for it warmly supported the proposal that every marriage licence should be accompanied by a health certificate.

The question of birth control is pre-eminently one requiring medical advice and direction.

If thou desire to profit, read with humility, simplicity and faithfulness.

Read not to contradict and confute nor to believe and take for granted, nor to find talk and discourse, but to weigh and consider."—*Francis Bacon*.

[previous page](#)

[next page](#)