

"It is true that midwifery has a limited scope, being concerned with one function only, and that function one which is physiological rather than pathological; but although, in theory, the midwife is concerned only with normal parturition, the most apparently straightforward case may at any moment develop unexpected and dangerous complications which call for rapid decision and good judgment, if disaster is to be avoided while awaiting medical assistance, and the midwife must be prepared to encounter and to the best of her ability to deal with such accidents or difficulties. Mechanical expertness in normal delivery is, therefore, far from sufficient fully to equip the midwife. . . .

"To be a safe and satisfactory attendant at a confinement the midwife should have a wide knowledge of midwifery as a whole, a clear appreciation of the possible significance of such unfavourable signs or symptoms as may arise, and a sound understanding of the first-aid treatment to which she may properly have recourse pending the arrival of the doctor. Further, the practice of obstetrics has been invested during the past few years with a new and growing importance. It is beginning to be more generally realised that midwifery is a branch of medicine which requires a high degree of skill and knowledge if injury and loss of life are to be avoided, and also that the responsibility of the chosen attendant is not limited to the actual confinement, but should begin as soon as pregnancy is recognised, and end only when the patient is restored to normal health and vigour. Complete responsibility for ante- and post-natal care must devolve upon the doctor, but, as many women are never seen by a doctor, except in the event of unexpected emergency, it is clearly necessary that the midwife should fully understand this wider conception of obstetrical practice, and be ready and able to watch for and interpret early symptoms suggestive of abnormality. Thus the midwife of the future may expect greater demands upon her intelligence and professional competence.

"If six months' study was insufficient properly to equip a midwife in the past, it is still less adequate in the light of modern development. It must also be remembered that many pupil midwives are, unfortunately, women of limited education, who learn with difficulty, are likely to forget much of the theory taught, and to remember clearly little but what they learn by practical work. Constant practice and repetition are necessary to inculcate habits of cleanliness and antisepsis, and such habits can only be established if a reasonably long period is allowed for their acquirement."

SOME DIFFICULTIES ASSOCIATED WITH A LONGER TRAINING.

Dr. Campbell discusses some of the difficulties associated with a longer training in connection with which she considers that "the whole of the existing arrangements for training should be brought under review before final action is taken, in order to ascertain whether other associated

changes may be necessary in addition to a mere extension of the period, in order that the influence of an extended training upon the character of the midwifery service as a whole, and in its relation to the Public Health Service, may be fully effective."

The first question discussed is that of finance in connection with the direct financial loss to institutions unless the fees charged to midwifery pupils are considerably increased, as the number of pupils will be greatly reduced. In this connection Dr. Campbell points out that the pupil-midwife is expected to pay the whole cost of her training, both tuition and maintenance. The probationer-nurse, on the other hand, not only receives free board and lodging during her training, but is paid a salary from the time she enters the hospital. The difference is, no doubt, due to the short intensive training of the midwife, which does not give her the opportunity of serving the training school that is open to a nurse who enters upon a form of apprenticeship. She thinks if the training of midwives is lengthened, the question of fees might be reconsidered.

(To be concluded.)

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

PENAL CASES.

At a special meeting of the Central Midwives Board for Scotland held for the hearing of penal cases, Dr. James Haig Ferguson in the chair, Mrs. Flora Watt, No. 1449, 326, South Wellington Street, Glasgow, appeared in answer to charges of being guilty of negligence, breaches of the rules, and for failing to send for medical assistance in the case of a patient suffering from excessive haemorrhage.

The Board found the charges to be proved and instructed the Secretary to remove her name from the Roll, and to cancel her certificate and, further, to prohibit her from attending women in childbirth in any other capacity.

At the same diet the cases of Mrs. Agnes Small, No. 446, Blackbraes, Falkirk; Mrs. Maggie Maxwell, No. 3367, 27, Wilson Street, Alexandria, Dumbartonshire; and Mrs. Mary McLean, No. 776, 67, Campbell Street, Bonhill, Dumbartonshire, for various breaches of the Rules, were duly considered.

The Board resolved in each case that the midwife should be severely reprimanded and that sentence should be postponed pending the receipt of a report from the Local Supervising Authority on the conduct and methods of their practice during the next three months.

HOUSEHOLD HINTS.

Miss S. Persis Johnson, R.N., tells us in the *Modern Hospital* that feather pillows may be laundered satisfactorily. Place the pillow in twine or porous bags, wash in the usual way (do not boil), place in dry tumbler to dry and "fluff," and, when possible, complete drying in sun and air.

[previous page](#)

[next page](#)