

The Midwife.

COMMUNITY OF KNOWLEDGE.

A leaflet signed by well-known women and widely circulated to the Press during the recent election expresses their deliberate and conscientious opinion, formed by long continued observation and unshaken by all criticism, that there are few as serious problems as the one presented by the fact that women of the well-to-do classes obtain by their wealth a scientific knowledge of methods of birth control which is denied to working-class wives by their poverty. The signatories are convinced that for the State to allow the poverty of the poor to be a barrier to knowledge easily accessible to the rich, is to perpetuate avoidable suffering. *Community of knowledge is their claim.*

The signatories point out further that the "Present position is that Maternity Centres in receipt of Government grants are liable to have their grants reduced if they impart this knowledge. Although they are directly or indirectly under Local Authorities, these authorities are not allowed to decide the policy for themselves, as they are in other and sometimes much less important matters.

"The Ministry of Health, by a stock letter forbidding the Welfare Centres to impart scientific information on this point, shuts in the face of working-class wives the door between ignorance and knowledge, while it leaves wide open to them the highway between despair and quackery. The consequences are widespread and well known. The fact is that knowledge of methods of birth control cannot be shut out from special circles by ostracism, or banned for one class by those of another who practise it themselves.

"From commercial sources many harmful methods are advocated, and the practice of abortion, as well as unwholesome methods of controlling conception, is undoubtedly spreading. To prevent this is impossible, except by opening the sources of scientific knowledge to working-class wives."

There is a great deal of ignorance, and misconception and loose thought as to what is implied in the term "Birth Control," and pains should be taken to understand its implication, and clear thinking should be brought to bear upon it.

In the meantime one thing is certain, that medical practitioners consulted by patients at Maternity and Welfare Centres should be free to give them whatever advice they consider to be for their welfare, and should not be prohibited by any Government Department from so doing. In our opinion the medical profession should not accept such a position.

AN AMALGAMATION.

The National League for Health, Maternity and Child Welfare, the National Association for the Prevention of Infant Mortality, and the Association of Infant Welfare and Maternity Centres, Carnegie House, 117, Piccadilly, have just been issued. The National League has gone into voluntary liquidation, as the Carnegie Trustees object to the existence of co-ordinating bodies under the same roof.

The Association of Infant Welfare states that it will require nearly £3,000 per annum to carry on its work as heretofore, without extension.

CENTRAL MIDWIVES' BOARD

At the May Examination of the Central Midwives' Board, 752 candidates were examined, and 635 passed. The percentage of failures was 15.6, slightly higher than at the last two examinations.

THE DAWN OF UNDERSTANDING.

Miss Edith S. Bryan, R.N.M.A., Ph.D., writing on the above subject in the *Pacific Coast Journal of Nursing*, says in part:—

"What nurse assisting at the delivery of a little child has failed to note the wide-eyed look of the babe during the first two hours of life, as it begins its life-long task of adaptation to its environment? Light is for the first time striking its physical eyes. Who shall say what modicum of intellectual and spiritual light is entering the mind and soul? Carefully wrought experiments are testing the sensitivity of the baby eyes to the physical light. Greater and more careful thought should be given to the light dawning on emotion, intellect and personality.

"Every nurse long associated with the new-born infant knows that the cry of a baby left lying a long period of time in one position will frequently cease entirely when a change of position is given. This wailing cry of dissatisfaction is registering something at the nerve centres. What emotional trends are being set up just here? Most of the nurses who have served babyhood will stoutly affirm that they can tell the difference between cries of pain, of anger and of general discomfort or fatigue. If this differentiation can be made in the cry, is it too much to suppose that each cry denotes a different stirring in the emotional life?

"Let us realise and appreciate the fact that in these early days of the neo-natal period the babe experiences the first extra-uterine stimuli of touch, pressure, heat, cold, taste, smell, sound, light and visceral activity with its consequent emotional stirring and nervous reaction. It is difficult to say just when each of these stimuli makes its first attack; but we cannot but recognise that the multiplicity of the stimuli with the observable emotional reactions and disturbances are signals to the nurse that thoughtful study should be directed toward the care given at this period. Too frequently, perhaps, the babe has been considered in the light of a plaything or in that of a much appreciated and beloved little creature without definite personality; this, of course, with the acknowledged assurance of a growing intelligence as the months go by. Since the signs of real mental activity have not been present, or, being different from the signs shown by the adult, have not been recognised as such, it has been customary to disregard the possibility that permanent trends of an emotional character might be set up at this time.

"We recognise in adult life that the arousal of strong emotional disturbances may destroy the balance of the internal secretions to a point which will cause serious functional conditions in the vital economy. We can not say at what age this possibility is first present. It has been determined that the usual loss of weight in the new-born is related in part to the dehydration which takes place when the babe leaves its home in the amniotic fluid for one in the outer air which varies so easily and rapidly in its heat and moisture. This loss of weight is also considered to be dependent upon the change in food supply which occurs in the transfer from the intra- to extra-uterine nutrition. It might be well if we would stop and give thought to the possibility of an effect accruing from the emotional disturbances, beneficial or malevolent, which are set up by the onrush of reaction to the many unusual stimuli which are registering new impressions during this period. The fact that there is a vagueness of clinical signs does not free the nurse from a responsibility in observing the ultimate results coming from conditions of emotional disturbance."

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