# The Midwife.

## MEMORANDUM ON THE REPORT OF THE DEPARTMENTAL COMMITTEE ON TRAINING AND EMPLOYMENT OF MIDWIVES BY THE COUNCIL OF THE INCORPORATED MIDWIVES INSTITUTE.

The Incorporated Midwives Institute, 12, Buckingham Street, Strand, which watches over the interests of the practising midwife politically, municipally, socially, and educationally has issued a Memorandum on the Report of the Departmental Committee on the Training and Employment of Midwives. Some of the points made are:—

Clauses 21 and 22.—Condition of Entry to the Profession and Extended Training.

We agree that the time is not opportune for insistance on a general nursing qualification as a condition of entry to the profession, at the same time we consider that it is highly desirable, and we deprecate the suggestion in Clause 22 that instruction in general nursing short of a full training should be the line of any future increase in the length of training for midwives.

Clause 23.—Clinical Examination.

We agree that a clinical examination for pupil midwives would give additional evidence as to their fitness to practise, and consider it is advisable.

Clause 36.—Supply of Midwives in Rural Areas.

We agree that special arrangements will have to be made in remote areas.

Clause 46.—Administration of Drugs by Midwives.

We consider that, apart from the occasional emergencies with which any midwife may be faced when the services or advice of a doctor are not available, certain sedative drugs are of an enormous value in normal midwifery, and that every woman has the right to the relief from pain that these drugs can give. We therefore note with satisfaction that the Report in paragraph 50 of the main document recommends careful instruction of the midwife in the action of drugs used in obstetric practice.

Clauses 58-62.—Approval of Training Institutions, Teachers, Course and Length of Training and Examinations.

We do not consider that representation on an Advisory Committee with no statutory powers would take the place of powers and responsibilities now exercised by midwives on the Central Midwives Board.

We strongly disapprove of the transference of the approval and control of Training Schools, Teachers and the Curriculum from the Central Midwives Board to the Minister of Health and the splitting up of the Board.

## DREAD OF TRAINING BEING HANDED OVER TO ADMINISTRATIVE OFFICIALS.

Miss Edith M. Pye, Chairman of the Joint Committee of Associations to promote the interests of Mothers and Midwives and Members of the Committee in a letter to the *Times* signed Evelyn Devonshire, Gertrude Emmott, J.P., Edith M. Doubleday, May Coleman, F. E. Fremantle, M.D., M.P., wrote:—

"More than anything else, they (the Committee) dread the curriculum and training of Midwives being 'handed over to administrative officials without practical knowledge of, or experience in, midwifery. Any lessening of the powers of the Central Midwives Board or of the representation of the midwives on it would not only be greatly resented, but would be detrimental to the professional development of a body of women that must take a prominent part in all schemes for a national maternity service."

## MATERNAL AND FETAL MORTALITY.

What is the remedy? The remedy is better prenatal and intranatal care which can only be attained by better obstetric education on the part of the laity and better appreciation by the attendant of the physiological factors which enter into labour. Propaganda is producing the demand for better care, but our facilities for giving this care are not adequate for the need. We need more well-equipped maternity hospitals or separate maternity wards in general hospitals, specially staffed to lower the incidence of cross infections, better trained physicians who practise aseptic or antiseptic technic, and *trained nurse midwives* to care for normal cases. (Italics ours.—Ed.)—John Osborn Polak, M.D., at the annual meeting of the American Child Health Association, October, 1929.—*American Journal of Nursing.*

## PREGNANCY AFTER A STERILIZATION OPERATION.

Dr. Ruth M. Munro, M.B., Ch.B., in Charge Maternity Block, Memorial Hospital, Ludhiana, gives the following interesting description of a case of pregnancy after a sterilization operation, in the *Nursing Journal of India.*

Early in February, 1928, a patient with a generally contracted pelvis was admitted to the Maternity Block for Cæsarean section. She gave an interesting history. She was first operated on in this hospital for sterility, and had a Gilliam's operation done for retroversion. She soon became pregnant; had a long time in labour, and was finally delivered of a dead child by Cæsarean section. There was some trouble about the stitches, and the abdominal wound had to be opened up—her third operation. The fourth was a Cæsarean, with twins. The fifth was Cæsarean, with sterilization. That was seven years ago. She was much aggrieved at becoming pregnant again. I looked up the old operation register and found the last operation entered as, "Cæsarean section, with ligation and section of tubes." I confess I disbelieved that the tubes had been divided, and thought that they must have been merely ligated.

On February 20th she went into labour. Cæsarean section was performed, and a large male child, of eight and a half pounds, was delivered. There were no adhesions in the abdomen, a remarkable fact after so many operations. Still more remarkable, however, was the finding that both tubes were divided and the cut ends were lying about half an inch apart in the broad ligaments. The peritoneum must have become sufficiently canalized to admit of the ovum finding its way to the uterus, and the woman was lucky to have escaped an ectopic gestation. At this sixth operation and fourth Cæsarean section the portions of tube next to the uterus were re-divided and the ends overlapped, so as to avoid the risk of another pregnancy.

Although such a case must be rare, it clearly proves that section of the tubes is not sufficient to ensure sterilization, and overlapping of the cut ends is more than advisable.

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