

The Midwife.

CENTRAL MIDWIVES BOARD.

The Standing Committee of the Central Midwives Board met on October 6th, at the Offices, 23, Great Peter Street, Westminster, S.W.1, when the Secretary reported that the Chairman had exercised the powers conferred upon him by Minute 40 of the Meeting of July 7th, 1938, as follows:—

Approval of Lecturers.

On the subjects enumerated in Rule B.36 other than (M) (N) and (2).

C. M. Gwillim, M.D., M.R.C.P., F.R.C.S., M.C.O.G., General Lying-in Hospital; W. C. W. Nixon, M.D., F.R.C.S., M.C.O.G., St. Mary Islington (L.C.C.) Hospital; R. Christie Brown, M.B., M.S., F.R.C.S., F.C.O.G. and Albert Davis, M.D., F.R.C.S., St. Mary Islington (L.C.C.) Hospital; R. L. Dodds, M.B., F.R.C.S., M.C.O.G., Lambeth (L.C.C.) Hospital.

On the subjects enumerated in Rule B.36 other than (E).

A. L. Gunn, M.D., F.R.C.S. (Edin.), M.C.O.G., Lambeth (L.C.C.) Hospital.

On the subjects enumerated (M) and (N) in Rule B.36.

J. Sakula, M.D., B.S., M.R.C.P., D.C.H., Central Middlesex County Hospital.

Approval of Teachers.

Under the old training and examination rules.

Mary Violet Gantry (No. 80545), Dartford County Hospital (intern).

Under the old and new training and examination rules.

Vera Shaw (No. 80501), Wellhouse Hospital, Barnet (intern); Gladys Almena Porter (No. 54984), Gloucester District Nursing Society (intern); Sylvia Mary Leak (No. 90768), Redhill County Hospital (intern); Florence Annie Deyes Bonson (No. 76797), St. Mary's Maternity Hospital, Croydon (intern).

Under the new training and examination rules.

Flora Jane Dinham (No. 86661), Bristol General Hospital; Frances Ethel Lillian Matthews Harper (No. 50328); Susanna Gertrude Jackson (No. 46113), Kingswood District Nursing Association (district); Mary Gertrude Bush (No. 77503), Plymouth City Hospital (intern).

Applications for Approval as Lecturers.

On the recommendation of the Standing Committee the following applications of Registered Medical Practitioners were granted under the new training and examination Rules of the Board.

Mary Florence Bignold, M.B., Ch.B. (Edin.), Sussex Maternity and Brighton Municipal Hospitals (on the subjects enumerated in Rule B.37); Samuel Davidson, M.B., Ch.B. (Edin.), F.R.C.S. (Edin.), Birmingham Maternity Hospital (Birmingham University Course); Robert Newton, M.D. (Manchester), M.C.O.G., Oldham Municipal Hospital (on the subjects enumerated in Rule B.36, other than (2)).

Applications of State Certified Midwives for approval as Teachers.

On the recommendation of the Standing Committee the applications of the following midwives were granted: Alice Maud Sleight (No. 79893), East End Maternity Hospital (intern), under the old and new training and examination rules, and Dorothy Heaman Wright (No. 85692), Manchester and Salford District Nursing Association (intern and district); Ethel Davenport (No. 68225); Miriam Lyons (No. 67858) and Doris North (No. 64898), Wallasey Highfield Maternity Hospital (district), under the new training and examination rules.

MIDWIFERY.

This book by ten teachers, first published in 1917, the sixth edition of which, under the direction of Dr. Clifford White, B.Sc. (Lond.), F.R.C.P. (Lond.), F.R.C.S. (Eng.), F.C.O.G., has just been published by Edward Arnold & Co., price 18s. is, as the preface to the first edition tells us frankly, written for students preparing for their final examination, and in the hope that it will prove useful to them afterwards, and to others who have passed beyond the stage of examinations. It is by those others in the ranks of midwives, who also have passed beyond the stage of examinations, and who are anxious to keep abreast with the latest developments in midwifery practice that the book will be especially welcomed.

Many illustrations have been replaced by others drawn by Miss Barclay Smith; and the total number has been reduced by eliminating those not considered essential.

We may draw attention to the differential diagnosis of pregnancy, since mistakes in this respect are not infrequently made. It is, indeed, astonishing how often mistakes are made between a pregnant uterus, an ovarian cyst, a uterine fibroid or a full bladder, and how often the abdomen is opened on a mistaken diagnosis and a pregnant uterus found. Naturally the difficulties in diagnosis arise chiefly in the first 24 weeks when the positive and conclusive signs cannot usually be detected. If a foetal heart is heard and foetal parts are felt—clearly no other signs or symptoms are necessary—the patient must be pregnant. In the absence of these it cannot be too strongly insisted that the establishment of the presence of pregnancy depends upon several symptoms and signs occurring together and forming a symptom complex such as cannot occur with other pelvic or abdominal tumours.

Nausea and the slighter degrees of vomiting occur in more than 50 per cent. of pregnant women, being more frequent among primigravida than multiparæ. Vomiting of such severity as to merit the term "pernicious vomiting" is rare, viz., 1 in 1,000 hospital patients. This figure must be accepted with reserve for the standard of vomiting which merits the term "pernicious varies with the observer."

Anteflexion, retroflexion, and calculation are among the complications of pregnancy which require adjustment.

The majority of abortions are probably due to an accident in development of the ovum. A few women, however, habitually miscarry.

The Maternity Mortality Report of 1937 states that artificially induced abortions appear to be on the increase. Induced abortions often occur at two or three months of pregnancy as it is not until the second period is missed that the patient decides she must be pregnant and then takes steps to have the pregnancy terminated.

There is no doubt that the mortality and morbidity is higher after induced than after spontaneous abortion. The most important cause is sepsis, but shock and bleeding cause death occasionally.

In placenta prævia, that most grave and alarming complication of pregnancy, we are told that "Herman's dictum on the essentials of treatment of placenta prævia, viz. 'Early turning, slow extraction, antiseptics' still holds good, but it must be remembered that his words were spoken in the days before Cæsarian Section was used in the treatment of placenta prævia."

"Another dictum can be quoted: 'No woman with placenta prævia is safe until her uterus is empty.' This is true, and Cæsarian Section is the only safe and quick method of achieving this end."

We commend the book to State Certified Midwives.

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