

from the seventh day by a district nurse. The association had claimed that although this nurse was a qualified midwife she attended the case as a nurse and not as a midwife.

The Board informed the County Medical Officer of Health that it took a serious view of the case. A midwife booked to attend a confinement is required by the rules to attend her patient during labour and for not less than 14 days thereafter, if the case is normal. If the midwife is prevented from carrying out this obligation by circumstances outside her control, her responsibility should be transferred to another midwife. The Board cannot accept the contention that the second midwife who attended the patient in the case in question from the seventh day of the lying-in period attended as a district nurse. In the opinion of the Board, she attended in the capacity of a midwife and was under an obligation to comply with all the rules of the Board.

*Staff.*—The Board granted the request of Mr. A. J. Bennett, the Assistant Secretary, to be released from his duties for the duration of the war, so that he could take up a commission in the Royal Navy.

The Report is signed by the Chairman and Secretary of the Central Midwives Board.

#### PLEASE STUDY THIS REPORT.

We hope our readers will study this Report, as the work with which it deals is of the utmost national importance. The safety of mothers and babies! Every woman's heart should incline to their welfare, and the work of the skilled midwife is of such inestimable value in the standard of national health, that we all owe her a debt of gratitude. The fact that there is a decrease in the number of midwives available is a serious matter and how to encourage women to adopt midwifery as a profession needs serious consideration.

Great advancement has been made of late years in the teaching, status and salaries of midwives, but midwives need encouragement. They need a greater realisation of professional responsibility, and we claim they have a right to representation on their own Governing Board. Women sit upon it, then why should expert knowledge and experience of their difficulties be excluded from its deliberations? Some day, no doubt, in the dim and distant future a Certified Midwife will be elected to the Chair of the Central Midwives Board. May we live to see it. We are always trying to make ourselves believe that we really *are* at war for the liberty of mankind.

#### FIRST EXAMINATION.

August 13, 1941.

The following questions were submitted to candidates:—

1. Describe those parts of the urinary tract which, in the female, lie within the true pelvis.

What changes occur in them during labour?

2. What advice regarding her diet would you give to a pregnant woman during war-time?

What means are available which may help her to put your advice into practice?

3. Describe in detail your conduct of a normal third stage of labour.

Give your reasons.

4. Classify the causes of rise of temperature in the first two weeks of the puerperium.

What are the duties of a midwife when in attendance on such a case?

5. How would you proceed to investigate and treat a baby who is failing to gain weight after birth?

6. What would lead you to suspect that a woman is suffering from malignant disease of the uterus?

What are your duties in such a case?

#### INTRA-UTERINE CRIES.

An interesting obstetric report has recently been made by M. Chalochet, a doctor practising in the Somme district. This account evoked certain disputed points of long standing. It is a case of pre-natal cries. As such cases are rare, the doctor gives a résumé of the facts. A woman, 8½ months pregnant, was sent to the lying-in hospital by the doctor treating her, suffering from loss of liquid from the uterus. The liquid was still flowing, the child was living, but there were no signs of labour. It was decided to try manual dilatation and extraction. The dilatation was slow and gradual and after a quarter of an hour a hand was thrust into the uterus to rectify the presentation and while this was being done, there were several noisy discharges of air from the vagina. The forceps were then placed in position and, at that moment, says our confrère, a faint wailing or rather an infant's cry was heard coming from the mother's womb. It was repeated three times and heard by the mother and by all those present. The operation was rapidly effected, for fears were entertained for the life of the child, which had certainly breathed in the womb. Almost immediately after delivery the child cried vigorously. Such events are rare, but the experience of M. Chalochet is not without precedents, some of them made by notable persons. The most recent analogous case was reported in 1934. Now the curious side to this history is that, in spite of the accumulation of positive facts, the phenomenon has always been sceptically received. Velpéau, who was not, in general, very attracted by novelties, and who refused to believe that one could ever make operation patients insensible, said: "Since I learned and trustworthy men have heard these cries, I believe it, but if I had heard them myself, I should not believe it." Mistrust of one's own senses cannot go further. There are even doctors who have observed the phenomenon in question, who strive to explain it in other ways than that which naturally comes to the mind. It must be noted on the other hand that in 1878, Tarnier and Chantreuil, in their treatise, wrote, "It is impossible not to admit the existence of intra-uterine cries." Evidently, at first, hearing an unborn child cry, creates a certain impression and one is tempted, as many observers have reported, to seek the author of these unexpected sounds elsewhere than in the woman in child birth. At first it was thought that the sounds came from a cat hidden in the room and bedclothes were lifted in an attempt to drive out the intruder.

Thinking calmly about this abnormal event, we begin to wonder why it is so difficult to believe. Certainly, for such an event to occur, certain unusual circumstances are necessary, but given these circumstances, the explanation is not difficult. The essential condition is the penetration of air in a uterine cavity emptied of its liquid, for in order to cry the infant must breathe, and it can only breathe in the presence of air. Also, we note that in most cases it is after certain obstetrical manoeuvres favouring the entrance of air that the cry in question has been heard. Generally, it is a question of using the forceps or of difficult twin births, but air may penetrate the womb, once the water pocket is broken by the expulsion movements executed by the child-bearing woman. One point of interest to stress is this; the child delivered by M. Chalochet seems to have lived, and behaved normally afterwards. But many of those who cried in this way in their mothers' wombs have not been so fortunate. Most of them promptly died, and this can be easily understood. Even if the delay before was very short it was long enough for the infant to suffer, and perhaps even absorb, in the act of breathing, substances anything but favourable to the young life. We may say then that too much precocity in the matter of infant cries is dangerous.—*Nursing Journal of India.*

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