The Midwife.

Central Midwives Board.

First Examination.

THIS Examination was held on May 11th, 1949, from 1 -2 to 5 p.m., and candidates were advised to attempt to answer all the questions.

1. What questions would you ask a woman early in her second pregnancy who states that her first child was still-born? How may this information be of value in preventing a further stillbirth?-

2. What factors predispose to primary post-partum hamorrhage? Indicate the way in which post-partum hæmorrhage is treated.

3. Describe the urethra and give its relations. what conditions may retention of urine occur during pregnancy, labour and the puerperium?

What are the causes of engorgement of the breasts?

To what may it lead?

What steps can be taken (a) to prevent it and (b) to treat it?

5. Describe how you would nurse a baby after a difficult forceps delivery. What signs are suggestive of intra-cranial

damage?

6. Discuss the causes of delay in the first stage of labour. How would you manage such a case from the midwife's point of view?

Analgesia for Home Use.

Research Committee Set Up.

FOLLOWING a recommendation in the Report of the Working Party on Midwives, the Medical Research Council has set up a committee to promote research into analgesia suitable for use by midwives. The Chairman is analgesia suitable for use by midwives. Sir William Gilliatt, President of the Royal College of Obstetricians and Gynæcologists, and the Secretary, Mr. G. S. W. Organe, Anæsthetist to Westminster Hospital, who is already Secretary of the Council's Anæsthetics Committee.

The Committee's terms of reference will include the study, if thought desirable, of modified methods of administering existing analgesic agents as well as the initiation of further research for new agents. Investigations on these lines must inevitably take a considerable time. In addition, before a final decision can be reached regarding any new methods by which midwives could safely administer analgesics without medical supervision, extensive clinical trials will probably be necessary. These may have to be conducted at home confinements in charge of midwives.

At the present time, the Central Midwives Board—upon whom responsibility rests for approving drugs and apparatus for the administration of analgesics by midwives—have approved the gas and air method for midwives specially trained in its use. The Board have been advised by the Royal College of Obstetricians and Gynæcologists, and so far five different types of gas and air machines have been approved.

Estimate of Future Births.

368,000 Babies expected in June and September quarters.

HE Registrar General, in his Weekly Return, published I on 14th May,* estimates the number of live-births to be expected in England and Wales as a whole during the second and third quarters of this year.

The final estimate for the June quarter is 190,000, and the provisional estimate for the September quarter is 178,000

368,000 babies in the six months.

Last year there were 203,711 live-births registered in the June quarter and 192,073 in the September quarter—a total of 395,784.

*The Registrar General's Weekly Return of Births, Deaths and Infectious Diseases for the week ended 7th May, 1949. H.M. Stationery Office price 6d. net (or post free from P.O. Box 569, S.E.I., price 7d).

There were 8,188 live-births registered in London and the Great Towns of England and Wales the week ended 7th May compared with 8,206 in the previous week. This brings the total in those towns from the beginning of the year

to 141,556 compared with 150,944 in the same period last year. In London alone, there were 1,264-live-births registered compared with 1,400 the week before. The London total so far this year is 22,705, compared with 24,317 in the corresponding period a year ago.

Babies and Midwives.

CORRESPONDENT sends us these interesting A items of news.

Quadruplets have been born at the Mission Hospital in Elim, Transvaal, to a woman of the African Bawenda tribe. She was surprised that all four were tended, for according to tribal custom, three should have been killed at birth

The combined weight of triplets born to a native woman at a mission hospital in the Transkei region of S.E. Africa recently was more than 18 lbs. The mother is very proud of them and reported to be now regarded "with some awe" by the folk at her home kraal.

A midwife of Jeffrey's Bay, at the Cape, continued in practice until 3 months before her recent death at the age of 104. Another has been in practice since before the Boer War, of half a century ago.

In view of South Africa's serious shortage of registered midwives and nurses, Dr. S. T. Higgins, of the S.A. Medical and Dental Council, has advised the S.A. Nursing Council not to take repressive steps against unregistered women, who were doing vital work for which there was no other provision.

Hitherto, babies in the "premature-birth nursery" of a Sydney hospital have been dependent, in emergency, on oxygen cylinders wheeled up to their cots. That arrangement has been superseded by a pipeline, passing along the walls, to feed breathing-masks above each cor. Supplies are obtained from four large cylinders in a room below; when one is running low, a warning light shows in the "nursery," to signal the sister in charge to notify the engineer to switch to another.

Tidings come from Rockhampton, in Queensland, of a scheme to raise funds for a subsidy of £50 to be paid to each sister and nurse at the Aramac Hospital (which has been harassed by staff shortage) on completion of 12 months' continuous service, or £20 after 6 months. It was reckoned that an annual subscription of £1 from every man in the district would cover the cost of such a subsidy to four nurses.



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