

dangerous to the next patient attended. The midwife must, therefore, keep her nails cut short, and preserve the skin of her hands as far as possible from chaps and other injuries.

2. When called to a confinement a midwife must take with her:—

- (a) An appliance for giving vaginal injections, an appliance for giving enemata, a catheter, a pair of scissors, a clinical thermometer, and a nail-brush.
- (b) An efficient antiseptic for disinfecting the hands, &c.
- (c) An antiseptic for douching in special cases.
- (d) An antiseptic lubricant for smearing the fingers, catheters, douche nozzles, and enema nozzles before they touch the patient.

3. On each occasion of touching the genital organs or their neighbourhood the midwife must previously disinfect her hands and forearms.

4. All instruments and other appliances brought into contact with the patient's generative organs must be properly disinfected.

5. Whenever a midwife has been in attendance upon a patient suffering from puerperal fever, or from any other illness supposed to be infectious, she must disinfect herself and all her instruments and other appliances, to the satisfaction of the local sanitary authority, and must have her clothing thoroughly disinfected before going to another labour. Unless otherwise directed by the local supervising authority, all washable clothing should be boiled, and other clothing should be sent to be stoved (by the local sanitary authority), and then exposed freely to the open air for several days.

Duties to Patient.

6. If a midwife has charge of a lying-in case she must not leave the patient after the commencement of the second stage, and she must stay with the woman until the expulsion of the afterbirth, and as long after as may be necessary. In cases where a doctor has been sent for on account of the labour being abnormal or of there being threatened danger, she must await his arrival and faithfully carry out his instructions, (See Clauses 12 and 17 below.)

7. Before making the first internal examination, and always before passing a catheter, the midwife must wash the patient's external parts with soap and water, and then swab them with an antiseptic solution. For this purpose, and for washing the external parts immediately after labour and during the lying-in, on no account must ordinary sponges or flannels be used, but material which can be boiled before use and thrown away afterwards, such as linen, cotton wool, cotton waste, tow, &c.

8. No more internal examinations should be made than are absolutely necessary.

9. On the birth of a child which is in danger of death, the midwife shall inform one of the parents of the child's condition.

10. The midwife must remove soiled linen, blood, feces, urine, and the placenta from the neighbourhood of the patient and from the lying-in room as soon as possible after the labour, and in every case before she leaves the patient's house.

11. The midwife shall be responsible for the cleanliness, and shall give full directions for securing the comfort and proper dieting of the mother and child during the lying-in period, which shall be held, for the purpose of these regulations and in a normal case, to mean the time occupied by the labour and a period of ten days thereafter. (See clause 17 (c).)

12. A "case of normal labour" in these regulations shall mean a labour in which there are

none of the conditions specified in clause 17 below.

Duties to Child.

13. In the case of a child being born apparently dead, the midwife should carry out the methods of resuscitation which have been taught her.

14. As soon as the child's head is born, and if possible before the eyes are opened, its eyelids should be carefully cleansed with a suitable antiseptic lotion.

General.

15. No midwife shall undertake the duty of laying out the dead, or follow any occupation that is in its nature liable to be a source of infection.

16. A midwife must enter in a book, with other notes of the case, all occasions on which she is under the necessity of administering any drug, whether scheduled as a poison or not, the dose, and the time and cause of its administration.

17. In all cases of abortion, of illness of the patient or child, or of any abnormality occurring during pregnancy, labour, or lying-in, a midwife must decline to attend alone, and must advise that a registered medical practitioner be sent for, as for example, under the following circumstances:—

(a) In the case of a pregnant woman:—

- (1) When she suspects a deformed pelvis.
- (2) When there is loss of blood.

(3) When the pregnancy presents any other unusual feature (as, for example, excessive sickness, persistent headache, dimness of vision, puffiness of face and hands, difficulty in emptying the bladder, incontinence of urine, large varicose veins, rupture), or when it is complicated by fever or any other serious condition.

(b) In the case of a woman in labour:—

- (1) In all presentations other than the uncomplicated vertex or breech; in all cases of breech presentation in primiparæ; in all cases of flooding and convulsions; and also whenever there appears to be insufficient room for the child to pass, or when a tumour is felt in any part of the mother's passages.
- (2) If the midwife when the cervix has become dilated is unable to make out the presentation.

(3) If there is loss of blood in excess of what is natural, at whatever time of the labour it may occur.

(4) If an hour after the birth of the child the placenta has not been expelled, and cannot be expressed (i.e., pressed out), even if no bleeding has occurred.

(5) In cases of rupture of the perinæum, or other serious injury of the soft parts.

(c) In the case of lying-in women, and in the case of newly-born children:—

Whenever, after delivery, the progress of the woman or child is not satisfactory, but in all events upon the occurrence of the subjoined conditions in—

(1) *The Mother:*

- (1) Abdominal swelling and signs of insufficient contraction of the uterus.
- (2) Foul-smelling discharges.
- (3) Secondary post-partum hæmorrhage.
- (4) Rigor.
- (5) Rise of temperature above 100° 4' F. with quickening of the pulse for more than 24 hours.
- (6) Unusual swelling of the breasts with local tenderness or pain.