

I believe there is a place for A.I.D. in selected cases, so long as the doctor and the parents concerned are fully aware of the difficulties, and conscientiously try to meet them. A.I.D. is here to stay, and the dangers of it lie in the varying standards of ethics and philosophical principles of the parties concerned.

Child's welfare

It is important that we should, if possible, try to detach our personal emotions, in discussing this very difficult problem, and see it from the point of view of the welfare of the child. It can also alleviate the very great misery

which childlessness causes to couples who are often highly suitable from every point of view to become parents. Only those who see and talk to the childless couples can know how deep this misery can be. It is because there are some of the best potential parents in the community that I have endeavoured to help these couples in this way. Where A.I.D. has fallen into disrepute, it is because it has been done by practitioners who have concentrated only on this procedure, and who have not been willing to inseminate all other ways. This, in my view, is most improper, and where the couples are chosen carefully, only the greatest benefit has ensued to all concerned.

TEACHING FOR THE NATIONAL CHILDBIRTH TRUST

By Dinah Lamb

I FIRST made contact with the National Childbirth Trust five years ago in the simplest of all ways—I looked them up in the London telephone directory. They were called the Natural Childbirth Trust in those days. I was three months pregnant and full of the idea of having my baby "naturally", though my ideas on what this meant were a little hazy.

Curiosity

Some years before I was even married I had found myself, almost by chance, at a lecture given by Dr. Grantly Dick-Read. It had been an evening when I had nothing better to do, and curiosity as much as anything else had drawn me inside. Settling myself down between two very large ladies, I found myself becoming fascinated by the rebel doctor and so it was that, as I felt my child's first stirrings, I went along to the Trust's headquarters.

Of course, they told me to come back when I was six months pregnant—I had come too soon to be taught. In due course I started my classes. As I did so, I felt my confidence grow until I was looking forward to having the baby, instead of dreading it. I asked my

teacher—a wonderfully vital and attractive woman—if she would come with me into hospital. She agreed, the obstetrician agreed, and so it was that she sat with me through a night and a day until, in the late afternoon, I saw my daughter born. So many people have described their experiences of labour, it will suffice to say that what should have been a difficult one was transformed into something easily coped with, that my child was a normal delivery when everyone thought would have to be forceps, and that I slept peacefully for a great deal of the time and dreamed about royalty!

When my daughter was a few days old, I was walking along the corridor in the hospital and saw a girl on a trolley already in labour, and about to go down to the labour ward. She was crying and there came for me a moment of truth. It seemed wrong that she should weep when I had been so confident, that my difficulties should have been so dwarfed while hers were so magnified. I decided then that I would do something—one day.

The day came when I moved into Tunbridge Wells. The National Childbirth Trust had no organiser in the district, and I volunteered to take it on

Before I ever held a class I read every book available and sat in at my teacher's classes over and over again. To this, I added my own knowledge of birth and then—terrified—I launched out. The first girl I ever taught giggled all the way through. I think she was very nervous, but if she wasn't, she certainly made me so.

Much calmer

Fortunately, the next two people who came along were much calmer types and we actually began to enjoy the classes—all of us. A pattern of teaching emerged. The first lesson I gave was a discussion on the relationship between the mind and the body, especially with regard to labour; the second lesson consisted of some physical exercises and learning the controlled breathing which plays such an essential part in a successful birth. The next few lessons dealt with the various stages of labour in great detail and after that there was a labour "rehearsal". This is always an hilarious occasion, with giggling punctuating the

controlled breaths—but, nonetheless, the mothers do get a great deal from it. The course ends with a discussion on post-natal care, including exercises and a chat about the inevitable "maternity blues".

I wish now that I could teach the very nervous girl again. I have learnt so much in the three years that have passed since she came to me—and the people who have taught me have been the mothers themselves. Sometimes I feel a little fraudulent when the people I am supposed to be teaching help me so much! From each account that a trainee writes of her labour there is something to be gained—some little truth that one can pass on to someone else to help them in their turn. But the overwhelming truth that emerges from all these facts, from all these different women with their varying emotions and mental approaches, is that prepared childbirth is so tremendously beneficial, so fantastically helpful, that the work of the National Childbirth Trust must go until the days of agonising birth and terrified women are ended—for ever.

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