

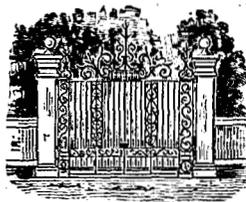
It is noteworthy that the author considers the term normal labour to be synonymous with a vertex presentation, and lays down that in pelvic presentations medical assistance should always be sought. In this country midwives are taught that a normal labour is one, otherwise uncomplicated (such a complication being the presentation of the funis) in which the long diameter of the child coincides with the long diameter of the mother. Although many midwives become very dexterous and are very successful in delivering cases where the presentation is a pelvic one, the plan of sending for medical aid in all cases other than cranial presentations is certainly a safer practice.

The author's description of the three methods of examination employed in obstetrical diagnosis, Abdominal Palpation, Vaginal Examination, and Auscultation, should be studied by all midwives, for it is exceptionally clear. The method employed in abdominal palpation is of special interest, as, until comparatively recently midwives were taught to make vaginal examinations in all cases, and know little or nothing of abdominal palpation. Yet, when we remember that "if there were no such things as vaginal examinations, or as intra-vaginal or intra-uterine operations, a previously healthy patient confined, under proper hygienic circumstances, would never suffer from acute sepsis," it is the obvious duty of every midwife to become expert in this method. The author points out that while palpation and auscultation are harmless so far as the patient is concerned, vaginal examination is not, and comparing the latter method with that of abdominal palpation, he writes: "If the capabilities of both methods are inquired into, it will be seen that while many facts can be determined by abdominal palpation which cannot be determined by vaginal examination, there are very few facts which can be determined by vaginal examination alone. What are these exceptions? The most important is the diagnosis of prolapse or presentation of the cord. This certainly cannot be determined by palpation. It is a most important condition to recognize, and therefore, one vaginal examination, at all events, must be made, save in those cases in which the presenting part was deeply engaged in the pelvis from the commencement of labour, as it is obvious that prolapse could not then occur. The best time to make it is immediately after the rupture of the membranes, as it is then that the cord prolapses. Another point that can be determined by vaginal examination alone, is the condition of the cervix and of the os. This is, however, not a matter of very vital importance, and usually can be sufficiently nearly ascertained by noting the descent of the presenting part. All this points to the extreme importance of acquiring skill in practising abdominal palpation. If a nurse possesses it, the number of vaginal examinations which she requires to make can be very greatly restricted."

The same danger which attends vaginal examinations is present when vaginal douches are given, therefore for this reason—as also because Nature provides at the commencement of a labour for the lubrication of the vagina by a fluid which swarms with bacteria which are a direct bar to the entrance of pathological bacteria, and this is removed by douching—the routine practice of giving ante and post partum vaginal douches is to be deprecated. Under certain conditions they are necessary, but the attendant danger should always be borne in mind.

## Outside the Gates.

### WOMEN.



The Ladies' Commission sent out under the presidency of Mrs. Fawcett to report on the Concentration Camps has evidently found much to criticise. On p. 57 of the new Blue Book, just issued, we find that it makes the following general recommendations which Lord

Milner has embodied in a new scale of rations:—

1. Throughout the hot season, a ration of vegetables, limejuice, and jam.

2. In winter a ration of some kind of fat, such as dripping or lard.

3. The supply of fresh meat should be carefully watched. At Mafeking, Johannesburg, and Irene, the camps have been for some time without fresh meat. At Johannesburg we were informed by the Superintendent that scurvy had appeared. "Bully beef" is entirely unsuitable food for children. They will be unable to withstand the attacks of disease if so fed, and the death-rate will in consequence inevitably be high.

4. Boilers sufficient to boil all drinking water, a water engineer to visit the camps.

5. Public bake-ovens in all camps. Larger rations of fuel.

6. A ration of milk ready mixed with water for every child up to five years.

7. All Superintendents should have strongly represented to them the great importance from the point of view of health of reducing to the smallest possible minimum the number of people sleeping on the ground. They should urge and encourage the making of cheap bedsteads in camp.

8. That the sale of "Dutch medicines" in camp should be definitely prohibited.

Mr. G. Whiteley presented a petition to the House of Commons on Tuesday signed by 33,184 women workers in the textile industry of Yorkshire in favour of the extension of the Parliamentary franchise to women.

Mr. Bromley-Davenport also presented a petition from 4,000 women workers in Cheshire with the same object.

A meeting was held at the Town Hall, Chelsea on the same day to receive the deputation of women textile workers from Lancashire, Yorkshire, and Cheshire, representing the signatories to the petitions. Mr. R. Bell, M.P., who presided, remarked that he hoped the movement would have an effect on the organisation of women workers in London, who were worse paid than those of the north through lacking organisation. If they had the franchise they would command still better conditions. In the East-End women were doing the work of men for half the money. As a trade unionist he was opposed to this, and held that if a woman was put to do a man's work she should be paid the wage of a man. He did not wish to drive women out of employment, but to secure that they should work under proper conditions and be properly paid.

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