

left. There are now days together when neither Matron nor Sister can get off duty, as it cannot be left in charge of uncertified pupils. One trained staff nurse added to the staff would be invaluable to relieve those off duty, and would greatly decrease the present strain of working the institution. As for the amount of domestic work accomplished by the small staff, to keep the whole institution in such a perfect state of cleanliness as I found it, one wonders what south country girls would say if expected to get through half of it. The work is all mapped out for the maids with the greatest care, but an extra pair of hands would be very welcome, I have no doubt. On some future occasion I hope to publish some of the excellent Rules and Regulations in operation at the Aberdeen Maternity Hospital, failing lack of space at the moment. No doubt they would be found very useful in the management of kindred institutions. In the meantime I congratulate Miss Beedie on her undeniable powers of organisation and successful application.

E.G.F.

A Strange Lapse of Memory.

The midwife in the employ of the Southwark Guardians at the Newington Workhouse has been called upon by the Workhouse Committee to resign her position, for failing to report the birth of a child, and for allowing its dead body to remain for two days in the bath-room continually used by inmates. She has stated that the child was one of twins, and that she had put the body in the bath-room, and forgotten all about it. The Matron and Superintendent Nurse, who, presumably, are responsible for the inspection of the bath-room, have been censured, and the Guardians have referred the matter back to the Committee for a detailed report of the case.

First Lines in Midwifery.

In the new revised edition of Herman's First Lines in Midwifery, a chapter on the requirements of the Central Midwives' Board, with notes by the author, add to the original value of the book. Of all the small text books on the market it is the one most generally recommended; the chapters on the mechanism of labour are very excellent, but we find the details of infant feeding and the puerperium meagre and sometimes misleading, e.g., the author says, "Three or four ounces of food is a sufficient meal for an infant," and again we cannot agree with him when he says that "in well managed lying-in hospitals a vaginal douche of 1 in 2,000 perchloride of mercury is given night and morning"; post partum douching is the exception and not the rule. We are sur-

prised that attempting to pass the catheter by touch is still advocated.

"First Lines" is published by Messrs. Cassell and Co., at 5s.

Scrupulous Cleanliness.

The Central Midwives' Board lays down that "The midwife must be scrupulously clean in every way." In what does scrupulous cleanliness consist? Fundamentally we should have supposed in personal cleanliness. But opinions on this point evidently vary. We must confess, however, we are surprised that the *British Medical Journal* should consider it a counsel of perfection to advise midwives and nurses to take hot baths very frequently. Thus the writer of a review in that journal on the "Lectures to Midwives and Maternity Nurses" by Dr. W. E. Fothergill, takes exception to the statement that midwives and nurses should take hot baths "very frequently" and asks, Why? The essential thing in a midwife or nurse is, he asserts, that her hands should be clean, and next that her clothes should be clean, because clean hands may easily and unwittingly be infected by contact with dirty clothes. If the nurse's hands and clothes are clean, what does the date of her last hot bath matter? It may be said that, even if unnecessary, the taking of frequent hot baths is a good and cleanly thing, and should be encouraged. This is very well in a doctor's house, where there is a bathroom with hot water laid on but in the houses of the poor women who have to live by their earnings as midwives or monthly nurses "very frequent" hot baths mean a great deal of trouble, and a great deal (to them) of expense. Insistence on unnecessary things tends to divert attention from what is really important.

The writer evidently assumes that such luxuries as bathrooms are not attainable by midwives, whereas there can be no doubt that many midwives have access to and habitually use them. But a bath room is by no means a necessity to a hot bath. Assuming that a midwife lives in a house where one is not installed, a sponge-bath, and a good-sized kettle of hot water are all that are necessary. In these days, in towns, the "penny in the slot" gas meter is easily installed, and the necessary heat may be obtained by a gas ring connected with tubing to an ordinary gas burner. Failing this, there is the ordinary fire, there is also the "copper," which plays so useful a part in artisans' dwellings. But to encourage midwives to believe that when they have washed their hands and donned clean clothes they have done all that can be expected of them, appears to us a dangerous as well as an uncleanly doctrine. How can these whited sepulchres be expected to maintain the standards of cleanliness which are necessary to the safety of their patients if their own are so low? If there are still midwives who are not accustomed to take hot baths very frequently, we hope they will lose no time in adopting the habit.

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