

that the hon. officers should consist of a Chairman, a Treasurer, and a Secretary, that the Council should consist of 12 members, with power to add to their number, that the Council should have the right to elect hon. members, but that only subscribing members should have the power of voting.

Miss Worrall suggested that the Council should be a nominated one, including representatives of the lying-in hospitals, two Matrons of Metropolitan lying-in hospitals, two members appointed by the Midwives' Institute, two by Queen Victoria's Jubilee Institute, one by the Royal Maternity Charity, one by the Maternity Charity, Plaistow, one by the Rural Midwives' Association, one by the Association for Promoting the Training and Supply of Midwives, one by Poor Law midwives, one by Provincial Poor Law midwives.

Miss Breay pointed out that with the exception of the Midwives' Institute the societies and institutions mentioned did not represent midwives, but their employers.

Ultimately, the following persons were nominated as an Executive Committee to advise as to the Constitution and Powers of the Council, to define its objects and work, in accordance with the decisions of the meeting, and to consider the question of bye-laws:—

Miss Buchanan, Miss McQueen, Mrs. Hutber, Mrs. Hodgkins, Miss Breay, Miss Elsie Hall, Miss Burnside, Dr. St. Aubyn-Farrer, Mr. Watt (Secretary of Queen Charlotte's Hospital), and Mr. Louis Dick, with Mrs. Lee and Miss Worrall as conveners of the Committee.

The meeting then terminated.

Aseptic Midwifery and the Teaching of Hygiene.

There are two articles in the *Lancet* of April 6th, which are of interest to midwives, one on "Aseptic and Septic Midwifery at the Liverpool Workhouse Hospital," by Dr. Alexander, and the other on "The Teaching of the Hygiene of the Expectant and Suckling Mother," by Dr. Sykes.

Dr. Alexander, who looks at obstetrics from a surgical point of view, is an advocate of aseptic methods in midwifery, as far as practicable. The training and system at Brownlow Hill appear excellent, and many useful hints are given for the management of lying-in wards. If before labour the temperature is above normal, the patient is sent to a separate division; patients delivered in the streets are also not admitted into the obstetric wards; if there is a rise of temperature during the puerperium the woman is immediately isolated and attended by nurses having no connection with the other department. No visiting by friends is allowed. The delivery takes place on a bed filled with clean straw. After twenty-four hours the patient is moved into the lying-in ward; after a week she is transferred to a third clean bed in the convalescent ward. She usually stays in the hospital about a fortnight.

The results of the work are good, even excellent, when the class of patients received is considered. There were in 1906 only three maternal deaths in a total of 401 labours, one from eclampsia, one from placenta praevia, and a third from double pneumonia. The last patient had a history of gonorrhoea.

The pupil midwives have two years and nine months' training in general nursing before entering on their course; probationers take a month's duty in the maternity department, so that they know the elements of monthly nursing.

In the notes of the thirty-two septic cases admitted during 1906 it is melancholy to note that sixteen were attended by midwives alone, four were attended by a midwife and medical man, four followed abortion, and the rest are specified as "admitted from town." Eleven women, or 36.5 per cent. died, but several were moribund and others hopeless on admission. Dr. Alexander testifies to the value of thoroughly washing out the uterus in all cases where it is septic; he urges the importance of treating such cases as operation wounds. He suggests the advisability of a medical man being appointed in each district to investigate and supervise all cases of pyrexia, to guide and encourage midwives in their efforts to carry out aseptic midwifery, and to ascertain and remove all causes of preventible puerperal mortality.

In the other paper, Dr. Sykes assigns the high infantile mortality to faulty maternal hygiene. Of the ante-partum and ante-natal causes, the condition of poverty, insufficient food and rest, excessive work, and over stimulation, form a vicious circle; and if drunkenness, drug taking, and specific disease be added, the scope for the economist, the philanthropist, the doctor, and last but not least the husband, is large. Dr. Sykes thinks the failure of decrease in infantile mortality *pari passu* with the mortality at all ages, is due to the increase in artificial feeding. He gives it as his opinion that the proportion of hand-fed sucklings need not reach even 10 per cent. if adequate measures were taken.

The measures he suggests are:

1. That manufacturers who employ labour of mothers should provide a cradle room, and give facilities for suckling.

2. That the food of nursing mothers with poor or little milk, or insufficient diet, should be supplemented. Madame Coulet has established restaurants in Paris for such. The abuse of charity might be prevented by the investigation of the woman inspector or others. It is, after all, far less expensive, and infinitely more satisfactory to improve the breast milk than to hand-feed the infant.

3. Women should be taught the hygiene of pregnancy and lactation.

4. Indiscriminate distribution of leaflets, with details of hand-feeding, should be discouraged.

5. Legislation should protect the mothers, and municipal effort should be directed towards teaching and promoting the personal hygiene of women; and towards enforcing the Factory Act.

[previous page](#)

[next page](#)