

The Temperature of Lying-in Patients.

At the last meeting of the Central Midwives' Board, in connection with the amendment of the Rules, Sir William Sinclair proposed that a rule should be added requiring midwives to take the patient's temperature on each visit. He did so for the reason that the early recognition of a rise of temperature in the lying-in woman is of the utmost importance, and indeed is often a question of life or death to the patient. The proposition was seconded by Dr. Stanley Atkinson, who, however, subsequently withdrew on Miss Wilson opposing the motion. She did so on the ground that there are still 8,000 *bond-fide* midwives on the Roll, many of whom are unable to take a temperature, and therefore it would be useless to enforce such a rule. Miss Paget thought that not to take the temperature was preferable to registering a false one. Mr. Parker Young agreed theoretically with Sir William Sinclair, but said he had on several occasions urged the Board to remove from the Roll a midwife who could neither read, write, nor take temperatures, as he considered her a danger to the public, and he had never been able to obtain the support of the Board; it, therefore, seemed useless to support Sir William Sinclair on the present occasion.

The position of the Board at the present time is that they have under their control a large number of midwives, who were placed upon the Roll in virtue of their having been in practice for twelve months at the passing of the Act, this being about the only qualification they possess. They were not placed there by the wish of the Central Midwives' Board, but by the decree of Parliament, tender in its protection of vested interests. The view of the majority of the Board seems to be that so long as these women do their best, according to their lights, they should be left alone.

But we confess to being in sympathy with Sir William Sinclair on the question of temperature-taking. The Midwives' Act has now been in force for five years. Granted that the *bond-fide* midwives did not know how to take a temperature at the passing of the Act, a person of average intelligence could probably be taught to read a clinical thermometer in five minutes, and if there are midwives on the Roll who are too indifferent or too stupid to have learnt to do so in the past five years then in the public interest they should be removed. It is the duty of certified midwives to carry out the directions for their guidance embodied in the rules promulgated by the Central Midwives' Board. One of these, and a very necessary one, is that a midwife must decline to attend alone, and must advise that a registered medical practitioner be sent for whenever there is a rise of temperature above 100.4 degrees Fahr., with a quickening of the pulse, for more than twenty-four hours, in a lying-in patient. It is obvious that to carry out this rule a midwife

must be able to take a temperature correctly, and if the rules of the Board are to apply only to the better educated midwives, and their non-observance is to be ignored in the case of *bond-fide* ones, it is manifest that the Act will fail in its purpose as a safeguard to the lives of parturient women. Surely the only logical attitude for the Board to assume with regard to the rules which it has framed is to enforce them. If it announced quite plainly that it would adopt this course, then those *bond-fide* midwives who are capable of learning their duties would take care to do so, and the others would drop out of practice. The argument used against Sir William Sinclair's motion appears to us to fall to the ground, for if a midwife can read a thermometer correctly, as by the rules she is clearly expected to do on occasions, then she will have no difficulty in taking the temperature of the patient at each visit.

It will be said that there would be a shortage of midwives if the above rule were enforced. The shortage already exists, and will become yet more acute, but it is to be met not by winking at ignorance, but by improving the conditions of midwives' work and remuneration.

Simplicity in Infant Feeding.

Dr. C. W. Townsend, of Boston, writing in the *Journal of the American Medical Association*, says that it is better to get a clean cow's milk and modify it to suit the case than to try to improve an unclean milk by centrifugalisation or Pasteurisation, and as the dilution of whole milk would cut down the fat too much it is necessary to begin with a cream as the basis. He prefers pouring off the top milk as the simplest and, on the whole, the safest method of obtaining the cream, and one giving very uniform results. As a rough rule, one may remember that in a quart of milk that has stood at least four hours, the upper six ounces contain about 14 per cent. of cream, the upper 8 ounces 10 per cent., the upper 12 and 16 ounces about 8 and 6 per cent. respectively. The amount of fat must be regulated by the appearance of the stools, and it is better, as requiring less manipulation, to dilute this top milk with water than to combine a rich cream, a lower or fat-free milk and water. Instead of pure water, a cereal water can be used in even the youngest infants, and some have difficulty in digestion without it. After the age of 6 months a cereal modification is better for all infants. It is safest to begin with a mixture weak in all its ingredients and increase the strength gradually. A new-born baby can be put on a mixture of only 3 ounces of the upper 8 ounces of top milk in 20 ounces, and the strength increased by adding half-an-ounce of top milk and abstracting an equal amount of water every second day until 8 ounces of top milk are given in a 20-ounce mixture. Many infants who have failed on modified milk mixtures will, he says, respond at once when these principles are borne in mind.

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