

as to the general progress of the patient.

In the infant redness and excoriation of the buttocks may be due to want of attention on the part of the nurse in regard to cleansing. If the napkins are not changed when wet, or soiled, the skin becomes sodden and unhealthy. This may also be caused by the use of an unsuitable soap, or by the use of soda and strong soaps in washing the soiled diapers, and again by the uncleanly practice of merely drying instead of washing a diaper which had been wet with urine.

If these causes are eliminated, the cause of redness and soreness in the infant must be sought elsewhere. In passing, it may be mentioned that bottle-fed babies need changing more frequently than those fed at the breast. They also are more prone to unhealthy stools, and consequent soreness, than those nursed in the ordinary way.

It is, indeed, these abnormal stools which are responsible for much of the redness and soreness of infants who are well cared for, the unhealthy stools being, of course, a symptom to which the doctor's attention must consequently be directed.

The normal stools of a healthy infant are bright yellow in colour, and semi-solid in consistency. Abnormally they may be green and contain white lumps, which prove that the child is not digesting its food properly, these lumps being formed of curd, or undigested milk. Slime and mucus may also be present. Such stools often contain acids, which irritate the skin and cause redness and soreness of the buttocks, which are most difficult to overcome.

It must further be remembered that ulceration may be due to a constitutional taint. For all of which reasons a nurse should never from the fear of being supposed to have neglected her duty, fail to report any redness and soreness, in an infant, rather she should make a point of doing so, in order to direct the attention of the medical attendant to its general health.

JEAN LAWSON.

The Symptoms and Signs of Abnormal Labour.

Dr. Peter Horrocks, F.R.C.P., Senior Obstetric Physician at Guy's Hospital, delivered a most interesting address at that institution on "The Instruction of Midwives in the Symptoms and Signs of Abnormal Labour." It is published at length in the *British Medical Journal* of September 28th, and midwives would do well to procure the number and study the paper, which is of considerable interest to them.

Midwifery in Manchester.

The Midwives Supervising Committee for Manchester has issued an interesting report on the working of the Midwives' Act during 1906. There are 160 certified midwives practising in Manchester, 62 of whom were admitted to the Roll during the period of grace. There were 18,397 births registered in the year, and 11,129 of these were attended by midwives, though, in some instances, in conjunction with doctors. The bags of the midwives have been disinfected once a week, and the linings changed weekly, or oftener if necessary.

An interesting point is that in 32 confinements attended by midwives which were followed by puerperal fever, the patient had only been douched in two of the cases before symptoms of illness occurred, so that the Committee are of opinion there is very little ground for suggesting that vaginal douching may be a casual factor in midwives' cases. The *British Medical Journal*, dealing with this point, says:—"It is quite right to inculcate the greatest care and the use of proper instruments; but it is very doubtful whether it is wise to completely discourage douching by midwives after confinement. It might even be argued with some show of truth that the great increase of puerperal fever in 1906 was to some extent due to the increasing neglect of antiseptic douching both by medical men and midwives."

Of a number of cases treated at the Monsall Fever Hospital, 28 were doctors' cases and 16 midwives' cases. The report states:—"It does not follow that in all cases where a doctor was in attendance he was responsible for the infection, for in many of these a nurse of some sort or other was present too," and in other cases "the doctor must be held blameless except perhaps in so far as his responsibility for the acts of the nurse goes." Commenting on this, our contemporary above mentioned points out that "the implication, of course, is that either the doctor or the nurse is to blame when puerperal fever occurs. This is no more correct than it would be to say that a surgeon is always to blame if suppuration occurs in a wound that he has treated, and in view of the fact that legal actions for damages have occurred in such cases it is important not to let the implication go without challenge." It is at least interesting to note that though many more confinements were attended by midwives than by medical men, the midwives' cases were in a very decided minority in the cases of puerperal fever treated at Monsall.

Mrs. A. C. Chowne, a certified midwife, Matron of the Stockwell Maternity Hospital, was last week sentenced at the Clerkenwell Sessions to nine months' imprisonment in the second division on the charge of neglecting children in her home, under circumstances which we detailed last week. We hear that a great deal of sympathy is felt in the neighbourhood for this unfortunate woman. It was generally hoped she would be let off with a caution.

[previous page](#)

[next page](#)