

Treatment of the Umbilical Cord.

Midwives and Nurses seldom meet with cases of infection of the umbilical cord, but the reason is to be found in the care bestowed upon it, and it is well always to keep informed of the latest methods in regard to its treatment. It is significant of the importance now attached to the proper method of dividing the cord and treating the stump, that a clinical lecture recently delivered by Dr. T. Ahlfeld is reported in a German contemporary.

Inquiring into the question of the time at which the umbilical cord should be divided, Dr. Ahlfeld, as reported by the *British Medical Journal*, considers that it really does not matter, since the placenta usually is detached from its uterine connection as the foetus is born, and therefore no further interchange between the maternal and foetal circulation can take place. The idea that the child should have the benefit of the reserve blood, which is still contained in the placenta at the moment of birth, may be admitted, and he therefore comes to the conclusion that the cord should be divided a few minutes after birth, provided that the child cries well. When there is a suspicious discharge from the maternal genitals, the child should not be allowed to remain between the mother's thighs, but should be removed at once. In cases of apparently dead foetus, one should not await the cry, but should remove the child as soon as possible and apply artificial respiration away from the bed. It is a mistake to wait for the cord to cease pulsating, as this may continue for a very long time, and the mere fact of pulsation does not indicate a gain in blood to the child. Next he questions the site where the cord should be ligatured. He considers it advisable always to apply a double ligature. He thinks that one should divide the cord close to the child, but, inasmuch as he advises a second ligature and at times a third, he advises that the cord should be sufficiently long to admit of this. He ties the cord about 4 inches from the child, and divides it close to the ligature temporarily. The material should be tape, about $\frac{1}{2}$ cm. wide, which should be kept in cresol soap solution. This renders it slippery enough to allow one to tie it tightly. The scissors, too, must be thoroughly disinfected, and should be blunt-pointed. They are to be held in the palm of the hand to prevent the child suddenly thrusting its hands in the way as the cord is being cut through.

Midwives well understand the necessity for the application of a further ligature after the first bath owing to shrinkage of the cord. The method employed by Dr. Ahlfeld, is as follows:—

Since infection through the divided umbilical cord of the umbilicus can be highly dangerous, he proceeds in the following manner, in order to safeguard against such an infection:—The cord is re-tied and divided as close as can conveniently be done to the body as soon as the child has been bathed. The hands must be well disinfected beforehand. Then he washes the stump and the surrounding skin with spirits of wine and covers the stump up with aseptic wool. This is held in place

by means of a linen bandage. The child is not again bathed until the stump has separated and the parts are healed. The old method of daily dressing in highly doubtful linen is not safe. The bandage, or even some of the wool, can be replaced with clean material if either gets soiled, but the wool adhering to the umbilicus must not be removed. If by any chance the lower part of the dressing gets loose it is necessary again to disinfect with spirit. In the majority of children treated in this way the cord is cast off on the eighth day. It does not harm the child in any way that the separation takes a little longer by this method than by the older methods. Nor does the child suffer at all by being deprived of its daily bath during the first week of life. The results obtained by the method are extremely satisfactory, and Dr. Ahlfeld recommends it as a safe means of preventing umbilical infection.

The Children's Bill.

One of the Grand Committees of the House of Commons has been making considerable progress with the Children's Bill, a Bill in which midwives are interested, as it deals with the "one-child homes" and the over-laying of infants. The recommendations of the Select Committee which recently reported on the notification and inspection of homes in which infants are nursed and maintained in consideration of reward have, the *Lancet* reports, been adopted and embodied in the first part of the Bill. The effect of the changes is to extend the notification and inspection instituted under the Infant Life Protection Act, 1907, to the "one-child homes," and to raise the age limit of the children who are the subject of inspection from five to seven years. Under Clause 14, dealing with the over-laying of infants, the maximum penalty proposed was a fine of £10, which might be increased to £25 if the person who caused the death was under the influence of drink at the time, and the punishment might be supplemented by a term of imprisonment not exceeding three months. Several members of the Committee considered the clause too drastic, but Mr. Maclean pointed out that 1,400 or 1,500 children lost their lives every year through being over-laid, and in 85 per cent. of the cases the mothers were censured by the coroner's jury for neglect. Eventually Mr. Herbert Samuel, Under Secretary for the Home Department, who has charge of the Bill, promised to bring up a re-drafted clause which he hoped would meet with the approval of the Committee at a later stage, and meanwhile Clause 14 was deleted.

INFANT LIFE PROTECTION (No. 2) BILL.

Lord Robert Cecil has introduced into the House of Commons a Bill "to prevent the destruction of children during birth." The Bill is backed by Mr. Shackleton, Mr. Chiozza Money, and Mr. Simon.

We are glad that legislation on behalf of a most helpless section of the community is proposed. The unnecessary suffering of infants and little children is a subject needing the attention of our Legislature.

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