

The Midwife.

Midwives' Act Committee.

The eleventh meeting of the Departmental Committee appointed by the Lord President of the Council to consider the working of the Midwives Act was held at the Privy Council Office on Wednesday, May 5th, Mr. Almeric W. FitzRoy, the Clerk of the Council, presiding.

Evidence was tendered on behalf of the British Medical Association by the following witnesses:— Mr. J. Smith Whitaker, M.R.C.S., L.R.C.P., Medical Secretary of the Association; Mr. C. E. S. Flemming, M.R.C.S., L.R.C.P., Bradford-on-Avon; Dr L. S. McManus, Wandsworth; and Mr. J. H. Taylor, M.B., Salford.

The Crusade Against Cancer.

By the courtesy of the Editor of the *British Medical Journal* we have received for publication an advance proof of an appeal to midwives and nurses, to be published in that Journal in the current issue with the approval of the Council of the Association.

AN APPEAL TO MIDWIVES AND NURSES IN ORDER TO PROMOTE THE EARLY RECOGNITION OF CANCER IN THE WOMB.

Cancer of the womb is a very common and fatal disease in women, but *it can be cured by operation when it is recognised early*. A woman sometimes tells a nurse or midwife her ailments before she speaks to a doctor, and the nurse or midwife has then an opportunity of aiding our crusade against this terrible disease.

Cancer may occur at any age, and in a woman who looks quite well and who may have no pain, no wasting, no foul discharge, and no profuse bleeding.

To wait for pain, wasting, foul discharge, or profuse bleeding is to throw away the chance of successful treatment.

The early signs of Cancer of the Womb are—

1. *Bleeding*, which occurs after the change of life.
2. *Bleeding* after sexual intercourse, or after a vaginal douché.
3. *Bleeding*, slight or abundant, even in young women, if occurring between the usual monthly periods, and especially when accompanied by a bad-smelling or watery blood-tinged discharge.
4. *Thin watery discharge* occurring at any age.

The nurse or midwife who is told by a patient that she has any of these symptoms should insist upon her seeing a medical practitioner in order that an examination may be made without delay. By doing so she will often help to save a valuable life, and will bring credit to herself and to her calling.

Ophthalmia Neonatorum.

At the Annual Meeting of the British Medical Association, at Exeter in 1907, the Section of Ophthalmology passed a resolution that in its opinion the time had come for the British Medical Association to take action for the prevention of Ophthalmia Neonatorum, with the result that a Committee was subsequently appointed to investigate and report upon the subject. The Committee has now issued its report which is published in full in the Supplement to the *British Medical Journal* of May 8th, as approved by the Central Council, by which it has been referred to the divisions for their consideration.

The following are the conclusions arrived at, and the recommendations made by the Committee:—

I.—PREVALENCE.

1. Ophthalmia Neonatorum accounts for upwards of 10 per cent. of all cases of blindness.
2. Cases of ophthalmia show a slight but steady decrease so far as can be judged by returns from British Lying-in Hospitals and Departments, and Eye Hospitals.
3. Ophthalmia Neonatorum is still (as it has been for many years) the cause of at least one-third of the blindness in inmates of British Blind Schools.
4. Cases of ophthalmia without adequate treatment have been found to occur amongst cases attended by medical practitioners, as well as amongst those attended by midwives.

II.—PREVENTION.

A.—Administrative and Educative Measures.

(a) *Notification*.—It is advisable to urge upon the Local Government Board that notification of Ophthalmia Neonatorum should be compulsory.

(b) *Inspection and Treatment*.—It should be the duty of the Local Sanitary Authority, upon receipt of notification, to inquire as to the facilities for treatment, and, if these be deficient, to arrange for the efficient treatment of the disease. The treatment of infantile Ophthalmia should not involve separation of mother from child if this can be avoided.

(c) *Bacteriological examinations*.—It is suggested that the bacterioscopic examination of vaginal or conjunctival discharges should be undertaken, free of charge, by the Local Sanitary Authority, when such a request is made by a qualified medical practitioner.

(d) *Educative measures*.—Notices regarding the dangers of Ophthalmia Neonatorum should be issued by Local Sanitary Authorities. They should also be exhibited in Post Offices and other public places. Such notices should be periodically distributed by the Local Supervising Authority to every midwife whose name appears on the roll of midwives for the particular area concerned.

(e) *Central Midwives' Board*.—The presence of purulent vaginal discharges should be included by the Rules of the Midwives' Board among the con-

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