

ditions for which medical help should be summoned.  
 (f) *Maternity Hospitals.*—It is recommended that among the members of the medical staff every Maternity Hospital should include an ophthalmic surgeon. The maintenance of accurate records concerning Ophthalmia Neonatorum is suggested as a means of keeping the disease constantly under the notice of all concerned.

#### B.—Medical Measures.

##### DIRECTIONS TO MIDWIVES AND NURSES.

##### I.—Treatment of Cases presumably normal as regards danger of Ophthalmia Neonatorum.

*Child.*—In every case in which a medical practitioner is not in attendance the midwife or nurse should adopt the following routine procedure:—

(i) Directly the head is born, and before the eyes are opened, the lids and the surrounding skin should be wiped clean on each side with a separate piece of sterilised wool.

(ii) Nothing should be dropped into the baby's eyes.

(iii) The face and the body should not be washed in the same water. Fresh water should be taken for each.

##### II.—Treatment of Cases in which the Mother suffers from a purulent vaginal discharge.

(a) *Mother.*—If there is a purulent vaginal discharge, whether in pregnancy or labour, medical help must be obtained.

(b) *Child.*—If a doctor is not already present when the child is born he should be sent for immediately, in order that any necessary application to the child's eyes may be made.

##### III.—Procedure where an affection of the child's eyes is observed.

If there is any inflammation of the baby's eyes, however slight, shown by redness, swelling, or discharge, the midwife or nurse must explain that the case is one in which the attendance of a registered medical practitioner is required, and medical help must be obtained in accordance with the Rules of the Central Midwives' Board.

The report concludes with suggestions to medical practitioners, the chief point of interest to midwives in these suggestions being that at confinements where infection is known, or suspected, to exist, a 1 per cent. solution of silver nitrate should be placed in each of the baby's eyes, instead of the 2 per cent. solution originally recommended by Professor Credé, which, though most efficient in the prevention of ophthalmia, has proved to be irritating.

## Queen's Hospital for Children.

The authorities of the Queen's Hospital for Children, Hackney Rd., N.E., are doing good educational work on hygienic matters by distributing to out-patients various useful leaflets practically written. Thus one gives "Directions to Mothers for bringing up their Children," which emphasises the importance of breast feeding for infants. Others are on the "Management of Rickety Children," the "Care of Children's Teeth," and so on.

## Instructions to Monthly Nurses

The Midwives' Supervising Committee of the Manchester Corporation, believing that a few hints and instructions on the care of women in child-birth will be welcomed by those who practise as monthly nurses, have drawn up some useful rules for their guidance, which can be obtained free of cost on application at the Public Health Office at the Town Hall, Manchester. Copies of instructions on the care of the new-born child may also be obtained on application.

Under the general heading the Committee say down:—

1. Persons who act as monthly nurses should be trained and qualified.

2. Women who are suffering from festering fingers, sore throats, or discharging sores of any kind, must not attend lying-in patients.

3. Women who have been in attendance on lying-in patients who have been suffering from puerperal fever must not attend another case until thorough disinfecting precautions have been taken. They should seek advice from the Medical Officer of Health as to the precautions which they must take before resuming work. All disinfection required will be carried out by the officers of the Corporation free of charge.

4. All monthly nurses should take a bath and put on an entire change of clean clothing before going to a patient. Especial care should be taken to clean the hands and nails, which last should be well scrubbed with soap by means of a clean brush in a solution of Izal (one tablespoonful to a quart of water), and afterwards in a solution of perchloride of mercury (one pellet to a pint).

## Death Certification by a Midwife.

An inquest was held at Crowlas, Cornwall, on April 26th, relative to the death of the twin children of a local miner. Evidence showed, as reported in the *Lancet*, that the mother of the children was attended in her confinement by a registered midwife and that one child died two days after birth and the other lived some five days later. The midwife gave a certificate that the children had died owing to premature birth, and the gravedigger of Crowlas Cemetery buried the children on the "authority" of this certificate. Eventually the Coroner ordered the exhumation of the bodies and a post-mortem examination. The medical evidence showed that death was due in both cases to congenital inanition. The Coroner (Mr. E. Boase) said that the midwife had behaved in an extraordinary manner, and he should report her to the County Committee as being unfit to be entrusted with a certificate, and he should draw the attention of the local authorities to the necessity of framing regulations for the management of the cemetery, as the gravedigger had stated in his evidence that "he considered he could bury six weeks' old children, which he termed stillborn, upon the certificate of a nurse." The verdict was in accordance with the medical evidence.

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