

The Midwife.

The Ophthalmia of the Newborn.

PREVENTABLE BLINDNESS.

The Committee on Preventable Blindness, appointed by the International Conference on the Blind, held at Manchester in July, 1908, have made the following recommendations:—

1. That in the opinion of this Committee the adoption by the Public Health Authorities of the Early Notification of Births Act is urgent.

2. That in the opinion of this Committee the disease known as the "Ophthalmia of the Newborn" should be added to the list of diseases compulsorily notifiable under the powers of the Infectious Diseases (Notification) Act of 1889.

3. That in the opinion of this Committee:—

(a) More definite teaching should be given to midwives on the seriousness of eye disease in children; and

(b) They suggest that the Central Midwives' Board should issue more stringent instructions on the danger of "whites" in lying-in women.

With a view to obtaining more exact knowledge of the incidence of "blindness" in subsequent census returns, the Committee recommend that the Registrar-General should be requested to define and classify "blindness" in his schedules in some such way as the following:—

1. Stone blind, *i.e.*, the individual has no power to see the movement of fingers before the eyes.

2. Partially blind, *i.e.*, in the case of:—

i. Children.—Those who have not sufficient sight (even with the aid of glasses) to be taught in an ordinary school.

ii. Adults.—Those who have not sufficient sight (even with the aid of glasses) to earn a living by ordinary means.

In conclusion, the Committee desire to emphasise the fact that the question is at the present juncture, and is likely to be in the future, of much greater importance than in the past. For the introduction and extension of the operation of the Employers' Liability Act is seriously affecting, and is likely to still more seriously affect, the earning powers of adult workers with defective vision.

The fact that during the sittings of the Committee a committee appointed by the British Medical Association had the same matter under review, and that the two Committees, which acted on independent lines, arrived at the same conclusions adds to the weight of these recommendations.

Quarantine After Infection.

The question is often asked how long after exposure to an infectious case a midwife should abstain from attendance on a lying-in case. The following reply of the Central Midwives' Board to a certified midwife who asked for the Board's guidance as to the quarantine to be imposed on pupils

coming from hospitals of the Metropolitan Asylums Board is of interest:—

The Board decided to reply—(1) that in the opinion of the Board safety will not be ensured unless there is (a) adequate disinfection before leaving a fever hospital; (b) a period of quarantine lasting one week, to safeguard patients against incubation of a fever in the nurse. (2) That the Clerk be thanked for his letter and informed that the Board notes that by General Regulation 14 of the Metropolitan Asylums Board's regulations for their nursing staff, nurses leaving the service of the Board must satisfy the Matron that their clothing has been disinfected.

The Training of Midwives in Austria.

The *British Medical Journal* reports that since the appointment of a new official at Vienna to the post of Chief Inspector of Health in the Ministry of the State (Home Secretary), his attention has been directed to the state of affairs of midwifery in Austria. At present a curriculum of not longer than six months is sufficient to enable a woman to style herself midwife. In some country places the title is adopted without any other studies than the teaching obtainable from another equally "qualified" matron. The number of medical practitioners is not sufficient to check any harm done by such women, and in spite of all the drawbacks of the system popular belief is not easily corrected; therefore the medical profession has learnt with satisfaction that a reform of the course of studies for midwives is contemplated. A curriculum of two years, three months' theoretical and nine months' practical work in each year, has been fixed as a minimum. The studies must be pursued in certain midwifery clinics, of which there will be seven in Austria. An examination has to be passed before a diploma is granted, and no one may assume the title of "midwife" unless she can produce this diploma. The district officers of health will in future be required to control the midwives of their districts by frequent surprise visits, and once a year at least a meeting of the midwives of a district will be held, with the officer of health in the chair, to enable him to make the women acquainted with anything important concerning their avocation. A case of puerperal fever incapacitates the midwife in charge for at least eight days after her last attendance, and this measure will be one of the most strictly enforced under the new regulations. The midwives now at work will have to undergo an examination comprising the fundamental principles of asepsis and obstetric work, and the first care of the newborn babe, unless they already possess a proper diploma. The instillation into the eyes of two drops of a solution of nitrate of silver or protargol, according to Credé's method, will be made compulsory.

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