

senting part. A torn perineum is not the worst thing that can happen, but it should, of course, be at once and carefully repaired. It is better to postpone the repair for a few hours than to do it ineffectively at the time, for it has been found that such a repair is a poor support to the pelvic structures and often necessitates secondary repair.

PROPHYLAXIS IN THE PUERPERIUM.

"Even if the precautions hitherto described have been properly observed, there is still need in the puerperium for a vigilant prophylaxis, as a mere enumeration of the possible complications sufficiently shows. The patient must be saved from the effects of constipation, hæmorrhoids, retention of urine, blood disorders, nervous disturbances (such as eclampsia insanity, neuritis, aphasia), anomalies of the breasts and the milk secretion, too severe "after pains," tardy involution of the uterus, undue hæmorrhage, and septic infection. Alike in the worst and in the least serious complications that threaten the puerpera, attention to the earliest symptoms will often save her from troublesome after-results, and sometimes even from a fatal issue. The first and most alarming complication, on account of its suddenness, is post-partum hæmorrhage. If prophylaxis has been exercised in the final stage of labour by controlling the uterus from the moment that the presenting part emerges from the vaginal orifice until the placenta is born, there is little likelihood of alarming hæmorrhage.

"Of the minor complications none is more upsetting than mammary abscess, and it hardly needs to be remarked that this can almost invariably be traced to some previous inattention to precautions in the care of the breasts and the regular feeding of the infant.

"In 1908, 241 deaths from puerperal fever were notified to the Registrar-General for Scotland, and of these 119 occurred in Glasgow. The registered deaths in Scotland during the ten years 1899-1908 numbered 2,612, and yet it is a preventable disease. What a toll to pay to defective method! And this is not all, for it is impossible to estimate the much greater number of women who have more or less "morbidity" from milder sepsis and are more or less handicapped afterwards in their lives. The reasons are some of them not far to seek, and until every practitioner, midwife, and obstetrical nurse not only practises surgical cleanliness as to the hands, instruments, and swabs that are used, but also, and as carefully, cleanses the parts of the patient that are to be handled, one need not expect in private practice to abolish puerperal septicæmia as one of the most frequent and least justifiable causes of death of women in childbed."

THE BRITISH MEDICAL ASSOCIATION AND THE MIDWIVES BILL (No. 2).

The last issue of the Supplement of the official organ of the British Medical Association gives a full report of the reception of a deputation from that body to the Right Hon. John Burns, M.P., President of the Local Government Board, on the subject of the Midwives (No. 2) Bill. The deputation was introduced by Mr. H. T. Butlin, President of the Royal College of Surgeons, and the principal speaker was Mr. T. Jenner Verrall, Chairman of the Medico-Political Committee of the British Medical Association, who said that the part of the Bill in which they were specially interested was Clause 17.

In the course of a sympathetic reply, Mr. Burns said, in response to a request preferred by Mr. Verrall, that he would be only too pleased that a small deputation of the British Medical Association should see his medical officers and those officially concerned with the Bill.

As Parliament is now dissolved the Bill is dead, and it remains to be seen whether it will be resuscitated in its present form in the new Parliament.

THE MIDWIVES' INSTITUTE.

Miss Jane Wilson, who has been President of the Midwives' Institute since 1894, has placed her resignation in the hands of the Council. We regret that the condition of Miss Wilson's health was the cause of this decision. Miss Wilson held the position of President of the Midwives' Institute during the strenuous years before the passing of the Midwives Act, and as the representative of the Privy Council on the Central Midwives' Board in its early years was a valuable member of the Board, owing to the experience she had thus acquired. Her resignation will be deeply and rightly regretted by the members of the Institute.

We learn from the official organ of the Institute that Miss Amy Hughes, General Superintendent of Queen Victoria's Jubilee Institute, and for many years a member of the Council of the Midwives' Institute, has unanimously been nominated by the Council for election to the Presidency at the annual meeting in January. We do not doubt that the members will endorse the nomination as a wise and acceptable one.

THE MATERNITY DEPARTMENT AT ST. BARTHOLOMEW'S.

The decision to open a maternity ward at St. Bartholomew's Hospital necessitates a number of alterations, and "Elizabeth" is to be devoted to the obstetric cases, with fourteen beds in the back ward, the front being divided into a labour room, babies' bath room, and waiting room.

The weak point in this arrangement is that the one ward must be in constant use, and cannot be closed periodically for thorough cleaning as is certainly desirable. At Queen Charlotte's Hospital, for instance, when one floor, which has its own lying-in ward, labour ward, and appendages, sends out the last patient the department is closed for thorough cleaning, and new patients are received on the next floor.

[previous page](#)

[next page](#)