The Midwife.

PUERPERAL FEVER.

The *British Medical Journal* publishes an interesting summary of a paper by Dr. Brandt in a Norwegian contemporary. Dr. Brandt considers that the incidence of puerperal fever at the present time is over-rated, as the diagnosis is frequently made on insufficient grounds. Only a carefully conducted necropsy provides reliable evidence for or against puerperal fever, as the following case shows. A primipara, aged 26, underwent a normal confinement at full term. The temperature throughout the puerperium was subfebrile, and a swelling was detected extending from the right border of the uterus to the right iliac fossa. The patient coughed considerably, and there were signs of pulmonary tuberculosis in the left apex. The child died twenty-six days after birth, and the mother died three days later. The necropsy showed the cause of death in both cases to be tuberculosis, and the swelling in the pelvis to be due to tuberculous salpingitis. The following case aroused much interest in Christiania in 1911, as the patient's husband reported the authorities of the maternity hospital to the Minister of Justice for gross negligence. The patient was a 2-para whose first confinement had been complicated by placenta praevia and severe hæmorrhage, the child being stillborn. At the second confinement, which lasted 21½ hours, no internal examination was made. A living child was born, and only one suture was required for a slight wound of the perineum. On the evening of the third day the temperature rose to 100.2 deg. in the axilla, and on the eighth and ninth days it was 95.5 deg.; otherwise it was subnormal. The slight rise of temperature was attributed to a "cold," for on the fifth day herpes labii appeared. The mother and child were discharged on the fourteenth day apparently quite well. Shortly afterwards the mother felt unwell, but her physician detected no illness. Another physician was summoned, who found fever, and a swelling to the left of the uterus. He attributed the death, which occurred a month after the patient's discharge, to puerperal fever. But this diagnosis is reprehensible, for the history of the case is not characteristic of such a state, and it is more likely that an old inflammatory focus, possibly a pyosalpinx due to the placenta praevia of the first confinement, flared up after the second confinement. . . . .

Puerperal fever caused by faulty technique, by infection from a distant focus in the patient's body, and by autoinfection from germs already present in the uterus is common enough, but it is often diagnosed when a host of other diseases are to blame.

NURSING ASSOCIATIONS AND MIDWIFERY FEES.

At the Annual Meeting of the Highwood (Newton Abbot) Nursing Association, recently, a letter was read from the Devon Nursing Association advising that a minimum fee of 10s. should be charged for midwifery for persons in receipt of the Maternity Benefit under the National Insurance Act. Mr. Vickary enquired why at a time when money was not very plentiful they should raise the fees, and it was decided that they should be 6s. as before.

If a midwife is working on her own account we should say that 10s. is very modest remuneration for her attendance at the confinement and ten days subsequently, but, if she is working under contract with an Association which pays her from 15s. to £1 a week we see no reason why the Association should charge the patients attended by the midwives it employs a 10s. fee, and, if the midwife is in attendance on several maternity cases, make a substantial profit out of her work.

It is a curious anomaly that while the Act makes provision (Clause 21) that "it shall be lawful for an approved society or Insurance Committee to grant such subscriptions or donations as it may think fit to hospitals, dispensaries and other charitable institutions, or for the support of district nurses, and to appoint nurses for the purpose of visiting and nursing insured persons" no provision is made for granting funds to district midwives. It behoves midwives to look into this question very carefully because if they believe that approved societies and Insurance Committees can pay their fees for attendance on maternity cases, under Clause 21, they may find that the Act confers no power in this respect. At present it provides for the payment of fees of medical practitioners called in to their assistance in the case of insured persons, but makes no provision to secure the fee of the midwife to her.

Another point to which we have drawn attention in a previous issue is the liability for the payment of the doctor's fee. In some cases it is understood that this is assumed by the midwives themselves, but we do not consider that this financial responsibility should fall upon the midwife any more than it is imposed on a general practitioner when a consultant is called in to advise with him.

The point is a serious one, because if patients think that they may be liable to lose part of their maternity benefit if a medical practitioner has to be summoned in a midwife's case they will be apt to engage a medical practitioner in the first instance, to the detriment of the practice of midwives and their own personal comfort, for the care given by the midwife for ten days after confinement means much to a working-class woman.

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